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ABSTRACT

In this collection of abstracts on current topics in health education the follcwing subjects are addressed: 1) community health education; 2) health education in occupational settings; 3) health education methodology; 4) professional education; 5) regulation, legislation, and administration: 6) research and evaluation; 7) risk reduction; 8) school health education; 9) self care; and 10) sex education. (JD)

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February 1980

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CURRENT AWARENESS IN HEALTH EDUCATION

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL
BUREAU OF HEALTH EDUCATION
Atlanta, Georgia 30333

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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CURRENT AWARENESS IN HEALTH EDUCATION

FEBRUARY 1980

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JUL 15 1980

INTRODUCTION

Current Awareness in Health Education (CAHE) is published monthly by the Bureau of Health Education as a dissemination vehicle for the growing body of information about health education. It includes citations and abstracts of current journal articles, monographs, conference proceedings, reports, and non-published documents acquired and selected by the Bureau. CAHE also contains descriptions of programs in health education. These descriptions are prepared from information that is provided by the programs themselves or found in directories, newsletters, and similar sources. To make the information in CAHE timely, only documents published or programs of relevance since 1977 are included.

Copies of each document and supporting documentation for each program description are stored in the Bureau's permanent collection. Users of CAHE are urged to consult local public, medical, and university libraries for individual copies. Sufficient information is provided in the citations to enable users to locate copies or to contact programs.

All persons receiving CAHE are invited to contribute copies of pertinent documents and descriptions of relevant programs for possible inclusion. The Bureau also welcomes any comments on CAHE and suggestions to improve its usefulness. Write or call:

Center for Disease Control
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HOW TO USE CAHE

CAHE contains two types of records: informative abstracts of published articles and descriptions of ongoing programs. These records are arranged in chapters according to their major subject area. Chapter headings are used to group items generally related and include: Community Health Education; Health Education in Occupational Settings; Health Education Methodology; Patient Education; Professional Education and Training; Regulation, Legislation, and Administration; Research and Evaluation; Risk Reduction; School Health Education; Self-Care; and Sex Education. The chapter headings reflect active areas in health education as well as major interests of the Bureau of Health Education. To locate specific items of interest, users are encouraged to use the extensive Subject, Author, and Program Title indexes found in the back of each issue.

Within each chapter, citations and abstracts of documents appear first, followed by descriptions of programs. Abstracts with their citations are arranged in alphabetical order by the primary author's name, and descriptions of programs are arranged in alphabetical order by the title of the program.

Each document and program description has a unique accession number. Accession numbers of documents consist of a two-digit prefix indicating the year of publication in CAHE and a four-digit number indicating the publication sequence of the document. For example, 79-0022 indicates the 22nd document appearing in CAHE in 1979. Program accession numbers have a similar format with a "P" added following the year to indicate program, e.g., 79P-0025 indicates the 25th item published in CAHE in 1979, and that the item is a program.

Each document is uniformly identified and described by the elements labeled in the sample below:

Document Accession Number — 79-0629

Document Title — **Meeting the Special Needs of Pregnant Teenagers.**

Personal or Corporate Authors — Tyrer, L. B.; Mazlen, R. G.; Bradshaw, L. E.

Journal Citation or Publication Source — *Clinical Obstetrics and Gynecology* 21(4):1199-1213, December 1978.

Abstract — The complications associated with teenage pregnancy are reviewed in terms of education for family life, nutritional needs, and contraception. The physician acting as counselor can educate the teenager by dispelling myths that often result in unwanted teenage pregnancy. A family life curriculum should be developed to deal with all aspects of human relationships involved in establishing and maintaining a marriage. As they reach puberty, children need to be taught about themselves as sexual beings. Nutritional requirements of pregnant teenagers present special problems that call for a multidisciplinary approach to their definition and treatment. The risk for the pregnant teenager and the fetus is high; good prenatal management can reduce complications during the perinatal period. Teenage reluctance to inquire about contraceptives indicates the need for counseling on their use. The accessibility of birth control services is limited for teenagers, although most states have affirmed minors' rights to them. 36 references.

The distributor from which a document cited in CAHE is available to the public may be given as the last element in the citation. The most commonly cited distributors and their acronyms are listed below. Price information may be obtained from the supplier at the address given by specifying the order or stock number of the document and the form, hard copy or microfiche, desired. If the document is available from a distributor other than those listed, such as directly from the author, the address of that alternate distributor is provided.

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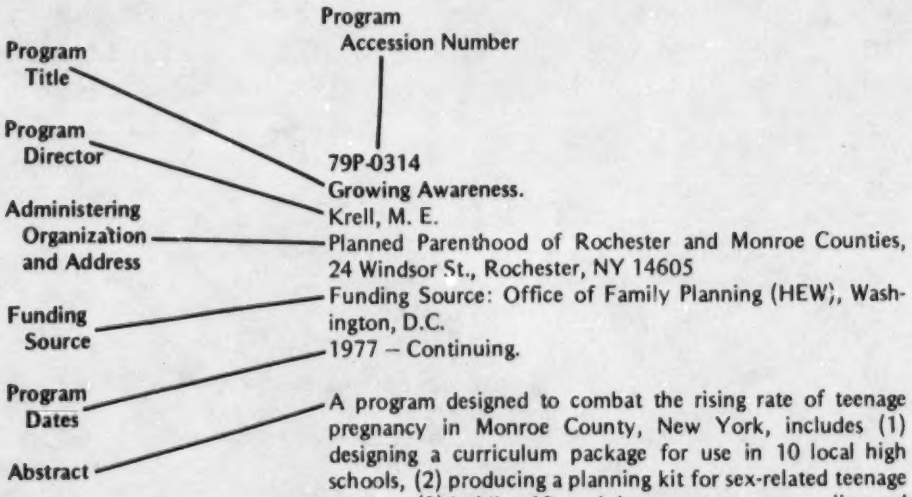
Available from NTIS:	Document may be purchased from the National Technical Information Service, U.S. Department of Commerce, Springfield, VA 22161, in hard copy or microfiche.

Each program description is uniformly identified and described by the elements labeled in the sample below:


Program Accession Number
Program Title
Program Director
Administering Organization and Address
Funding Source
Program Dates
Abstract
79P-0314
Growing Awareness.
Krell, M. E.
Planned Parenthood of Rochester and Monroe Counties, 24 Windsor St., Rochester, NY 14605
Funding Source: Office of Family Planning (HEW), Washington, D.C.
1977 – Continuing.
A program designed to combat the rising rate of teenage pregnancy in Monroe County, New York, includes (1) designing a curriculum package for use in 10 local high schools, (2) producing a planning kit for sex-related teenage services, (3) holding 10 workshops on teenage sexuality and pregnancy for health professionals, (4) holding a 1-day "high-visibility" conference on young men and sexuality, (5) conducting a mass media campaign to attract teenagers, and (6) establishing a hotline. An Adult Advisory Group and a Teenage Advisory and Reaction Group participate in the program.

CAHE contains three indexes. They are: (1) Author, which contains the names of personal and corporate authors of documents and directors of programs; (2) Subject, which contains subject descriptors, including geographic location, for both documents and programs; and (3) Program Title, which contains names of programs that are either mentioned in documents or detailed in program descriptions.

COMMUNITY HEALTH EDUCATION

80-0125
Community Health Education in Developing Countries: Getting Started.
American Public Health Association, Washington, D.C.
Washington, D.C., Action-Peace Corps, Information Collection and Exchange (Program & Training Journal Manual No. 8), 209 p., 1978.
Available from: NTIS; Order No. PB-295 953.

General guidelines are offered for those persons who are interested in promoting change to improve the health conditions within their communities. Technical expertise combines with practical "how-to" information in areas in which the Peace Corps has had extensive field experience. The two key elements in health education are (1) problem-solving through direct intervention by community members and (2) community systems to deal with the complex interplay of factors contributing to health problems and their solutions. The health educator must change roles as needed to act as a catalyst, a group organizer, a teacher of problem-solving skills, a resource mobilizer, and a coordinator of interdisciplinary teams. Categories of community education covered include: (1) fundamental health education processes, which involve techniques and approaches for working with community members to plan and develop programs that are responsive to the community's expressed needs and goals, and (2) means of transmitting information about health topics, including specific reference material on selected health topics relevant to most developing countries and methods and aids for presenting such information. Finally, a review of common community health problems related to nutrition, maternal and child health, communicable diseases, and accidents allows the health worker to meet the demands of these problems. Numerous references.

80-0126
Health Education Among the Economically Deprived of a Colombian City.
Bertrand, J. T. and Bertrand, W. E.
International Journal of Health Education (Geneva) 22(2):102-112, 1979.

Evidence suggests that health education programs can increase knowledge and promote favorable attitudes, even in an economically depressed country like Colombia. Through 3-hour sessions offered at a neighborhood school, families are taught about preventive medicine, nutrition, sex education, family planning, and the care of young children. The topics are covered through a series of short talks, discussion periods, movies, slides, and a puppet show. A 40-page booklet summarizing the material covered is distributed to each family. Attendance at the sessions is encouraged by nurse auxiliaries acting as outreach workers. A sample survey in a target community which had been receiving program presentations for 8 months revealed that while 80 percent of the population was expected to attend a presentation, only 38.3 percent were invited and only 21.9 percent attended. Knowledge held by participants, measured by a summary knowledge score covering all five topics, proved to be significantly greater than knowledge held by nonparticipants. In certain instances, the population which had been exposed to the presentation showed a greater tendency toward desired health practices than did nonexposed persons, while on other items there was no significant difference. Though exposed persons within the target community were more aware and positively active than nonexposed persons within the target community, the former were not significantly more aware than members of another "control" community who had not been exposed to the program. This paradox could be due to the actions of similar programs in the other community. Development of rigorous evaluative designs and further comparative testing should yield more effective techniques in the future. 6 references.

80-0127
Clinic Expands Adolescents' Access to Care.
Bluford, J. W.
Hospitals 53(19):125-127, October 1, 1979.

In an effort to upgrade the declining health status of the adolescents in the Pilot City Health Center's catchment area in Minneapolis, a $92,000 grant was appropriated by the Department of Health, Education, and Welfare for the implementation of a mini-clinic on the premises of an area high school. The program's purpose is to make family planning information readily available, implement comprehensive care of pregnant adolescents, and offer a convenient, acceptable portal of entry to primary health care and followup care. The center's staff and services include six physicians; a mental health department; five dentists; an optometrist; and onsite pharmacy, laboratory, and radiology departments. The clinic's staff includes two nurse practitioners, a nutritionist, a dental hygienist, a pediatric nurse practitioner, an obstetrician-gynecologist,

a social worker, a drug counselor, and a public health nurse. All clinic services are free; medical charts are kept separate and private from the school nurse's file; and transportation to the hospital is provided when necessary. The clinic, which is open 2 half-days per week, receives referrals through student walk-ins and through the school nurse, counselors, assistant principals, and faculty members. The mini-clinic has proven highly successful in raising the number of contacts between community medical services and adolescents and in promoting positive health attitudes.

80-0128
Harvard's CHIP Successful (Letter).
Chaffee-Bahamon, C.; Cupples, J. E.; Fuhrer, R.; Johnson-Pena, S.; Jones, A.; Nesson, H. R.; and Weissman, J.
American Journal of Public Health 69(11):1185-1186, November 1979.

The Cooperative Health Improvement Program (CHIP) was initiated several years ago at the Harvard School of Public Health to encourage and train graduate students to work on the local level. CHIP developed networks of field sites at which students and faculty could work cooperatively with local agencies. The program has given students valuable experience at the local level, offered them a chance to see their recommendations and the results of their efforts implemented in local CHIP field sites, and met local needs in public health. The CHIP program exemplifies the necessity for public health graduate schools to confront and contribute to local health efforts. 1 reference.

80-0129
Providing Maternal and Child Care in Rural Malaysia.
Chen, P. C. Y.
Tropical and Geographical Medicine (Amsterdam) 29(4):441-448, December 1977.

Since Malaysia gained its independence in 1957, major changes have occurred in the rural areas of the country, including the provision of maternal and child care services to hitherto neglected areas. The population is culturally diverse, largely rural, and young; and the country's wealth is unevenly distributed. The most prevalent diseases are fecally-related, airborne, or associated with poor nutrition. Since independence, measures have been instituted to increase agricultural production, develop new land schemes, construct roads and communication networks, and implement health programs. In 1957, a major drive was begun to provide primary health care, particularly for mothers and children. The basic rural health plan calls for one health unit for every 50,000 rural residents. Each unit consists of one main health center, four subcenters, and 20 midwife stations. A tiered system is used to staff each unit with a basic health care team of one professional, 13 paramedics, 42 auxiliaries, a four-person mobile dental unit, and 20 other support staff. All members of the medical and dental teams are now locally trained. The program, in combination with other developmental efforts, has resulted in significant decreases in neonatal mortality, infant mortality, toddler mortality, and maternal mortality. An immunization program has reduced the number of diptheria notifications from 28.3 per 100,000 persons to 3.7 per 100,000 persons. Finally, the provision of new water supply systems in the future should lower the number of fecally-related diseases. 14 references.

80-0130
Planning Health Education for a Minority Group: The Mexican Americans.
Falck, V. T.
International Journal of Health Education (Geneva) 22(2):113-121, 1979.

A project to identify the health education needs of Mexican Americans, relying upon this group's recent attempts to take a more active role in its own affairs, was implemented in Texas and funded in part by the Bureau of Health Education, Center for Disease Control, Department of Health, Education, and Welfare. The series of planned interactions included a telephone survey, advisory committee meetings, a working conference, a task force meeting, and an information sharing conference. The project's activities served to make participants aware that health care systems are an integral part of the culture in which they function. Therefore, there is a need to understand the specific cultural conditions which need to be fulfilled or maintained by the individual to enjoy good health. 13 references.

80-0131
The Whole Life: A Hospital-Based Community Health Education Program.
Fink, W. R.
Cambridge, Mass., Mount Auburn Hospital, 7 p., 1978. Available from: NTIS; Order No. HRP-0028681.

Mount Auburn Hospital in Cambridge, Massachusetts, has made a deliberate decision to take advantage of the new consumer interest in learning about health by inviting the consumer to become an active member of the health care team. The target population includes 350,000 people in six towns. The population ranges from college faculty to

a large group (12 percent) who do not speak English. Though this varied audience has presented design problems, all efforts are unified around the theme of self-responsibility. The program, which has been in existence for over 2 years, has a staff of 18 professionals, program assistants, and consultants who conduct needs assessments, design programs, identify human and technical resources, and implement and evaluate 65 community health programs. A core curriculum of programs is offered weekly at the hospital to the 75 lay people that attend. In addition, professional seminars and research projects are conducted under the aegis of the program. A 3-year project is underway to train and place 150 volunteers over the age of 55 as health education workers. All activities were supported by a budget of $278,440 for the past fiscal year. The success of the program can be attributed largely to the 1-year design phase, an unusually long period for investigation, which allowed many community needs to be identified. As an interface between the community and the hospital, the program has five primary functions: health education, health information, coordination, evaluation, and advocacy. Basic to the strategies of the program are the principles of adult education developed by Malcolm Knowles which emphasize client participation.

80-0132
TeenAge Health Consultants.
Jordan, C. V. and Valle, S. L.
Synergist 7(2):43-47, Fall 1978.

A new program in Minnesota, TeenAge Health Consultants (TAHC), prepares high school students to inform peers on health-related problems. This service-oriented health education program is designed to provide information to teenagers and to train them to function as health educators and referral-makers for their peer group. The program, consisting of a training component and a service component, usually focuses on drug abuse, human sexuality, mental health, food awareness, and community health resources. The consultants are trained during 18 weekly after-school sessions to speak to groups and to counsel in one-on-one situations. Training involves basic communication skills, problem-solving, decision-making, male and female anatomy, birth control methods, venereal disease, human sexuality, drug use-abuse, nutrition, mental health, and skills in disseminating information to peers. Staff members of community health agencies assisted with the training, and many students visited adolescent health care facilities in their neighborhoods. Role playing was a heavily used technique. Over the past 3 years, TAHC has: (1) established an information and referral center; (2) supplemented curricular activities of existing health classes; (3) produced videotapes on pelvic examination, sexual myths, and sexual assault; (4) implemented a workshop on sexuality; (5) participated in the activities of Public Service Drug Help, an organization which provided drug crisis intervention to youths who attended rock concerts; (6) presented informative talks about TAHC to professionals; and (7) developed a health curriculum for churches, youth groups, the YWCA, Girl Scouts, group homes, and clinics.

80-0133
The Active Involvement of the People: Exploring Unconventional Approaches.
Krishnamurthi, C. R.
International Journal of Health Education (Geneva) 22(3):143-149, 1979.

A multipurpose approach, which involves eventual training of 250,000 health workers to perform in diverse areas of health care, was taken by India to deal with the health problems of a population of 650 million, 80 percent of which is rural. Approximately 5,400 primary health care centers and 40,000 sub-centers have been developed in the last 27 years. Each primary health care center, staffed by 30 to 40 paramedical personnel, serves a population of 100,000. Unipurpose workers have been trained as multipurpose workers and their number has reached 1 per 5,000 inhabitants, solidifying the multipurpose philosophy. A change agent was placed in every village to smooth the interface between village customs and modern concepts of preventive medicine. Professionals, paraprofessionals, and community members have been undergoing a crash promotional program emphasizing preventive aspects of health and clear understanding of the manifest and latent causes of ill health. Though political and monetary backing of the plan has been sufficient, the loose federal structure of the Indian states makes the success of any such broad action dependent on the participation of each state and territory.

80-0134
Public Understanding of Nutrition--Implications for Education Programs.
McNutt, K. W.
New York State Journal of Medicine 78(8):1344-1345, July 1978.

Programs designed to teach the public about nutrition require basic information about the audience addressed. Concepts clearly understood by consumers are that: (1) diet affects life; (2) protein and vitamins are important; (3) processing and refining remove the health value of food;

and (4) diets should be selected on the basis of categorizing foods as either bad or good. Concepts vaguely understood by consumers are that: (1) there are four food groups; (2) snack foods should be chosen to meet nutritional needs; and (3) cholesterol and fat have something to do with heart attacks. Concepts not as yet understood are that: (1) a calorie is a measurement of energy; (2) nutritionally appropriate diets are important for adults; (3) most foods are sources of several nutrients; (4) the amount of various types of foods eaten determines whether nutrient intakes are adequate; and (5) nutrient intakes in excess of nutrient needs offer no benefit to healthy people. These facts indicate that the public would be receptive to information regarding the nutritional value of processed foods. Failure of the public to understand and apply energy concepts sheds light on the high incidence of obesity. Because between 25 and 30 percent of those surveyed cited magazines and newspapers as their information sources concerning nutrition, it appears that the interest in nutritional topics among the general public is currently high. 2 references.

80-0135
The Neighbourhood Organization: An Important Factor in Organizing a Community for Health Education.
Miyasaka, T. and Kawata, C.
International Journal of Health Education (Geneva) 22(2):78-91, 1979.

A study was recently conducted by a group of researchers who believe that community organization, a force recently resurgent after a short latency in Japanese history, is a fundamental aspect of health and welfare. The health education aspect of this study used the following conceptual framework: (1) health problems are interwoven with the lifestyles of each community; (2) the family represents the basic unit for health in any community program; and (3) the role of community organization in global health education schemes is even greater than in programs aimed at specific target populations. The study involved a review of the literature, two mail surveys of voluntary health organizations, case studies of 12 selected areas to cover all community settings, and three social surveys. Findings of the study suggest that an overall, voluntary organization comprising all the households in a community has the opportunity to play a major role in urban areas, where health promotion can be included in the objectives of comprehensive organization rather than becoming the concern of a separate group, and rural areas, where, on the contrary, there is a tendency to set up an organization for each specific objective. Such a voluntary organization can also stimulate participation when a community program covers a broad area such as a school district, a village, or a city district. The role of the organization includes: (1) neighborhood programs to solve specific problems; (2) advocacy of neighborhood programs at the local or federal level; (3) representation of the neighborhood during planning procedures; (4) cooperation in national programs that require local support; and (5) promotion of participation in community activities to decrease alienation and consequent mental illness. 3 references.

80-0136
A Community Sex Education Program for Parents.
Scales, P. and Everly, K.
Family Coordinator 26(1):37-45, January 1977.

The organization, delivery, and part of the evaluation of a 3-year Syracuse University community project in sex education for parents in Syracuse, New York, intended to dispel common myths and based on the philosophy that parents are the main sex educators of their children, is presented. Over 1,000 parents have participated in programs offered by 70 community leaders. Over 80 percent of the leaders intend to offer additional programs in order to meet the requests of parents. Project experience suggests that: (1) general, broadly phrased goals can be helpful in imparting a philosophical sense of a project's direction, but are usually ineffective in helping leaders sort out the resources most applicable to their particular program situation; (2) though some clearly focused expertise should be present, projection of the image of expertise may be counterproductive; (3) early program sessions should deal with each person's own feelings about sexuality, provide opportunities for talking about sexuality, and offer some facts; (4) as the groundwork develops, emphasis must be placed on application of program exercises and personal conclusions; (5) primary emphasis must be on rehearsing the behaviors necessary to realize the goals outlined specifically in a preprogram contract; (6) early groups should be aimed at preparing all participants in the same areas; and (7) later sessions should involve small groups with similar interests. Numerous references.

80-0137
Consumer Health Education.
Wheat, R. P.
Mountain View, Calif., El Camino Hospital, 7 p., September 11, 1978.
Available from: NTIS; Order No. HRP-0028680.

El Camino Hospital, a 450-bed publicly owned district hospital in Mountain View, California, formed a Community Health Education Committee to explore ways the institution might meet community needs in the areas of

health awareness and to aid and encourage citizens to take a more active role in their own health care management. The health forum was decided upon as the most appropriate and simplest means of initiating hospital involvement; heart disease was selected as the first topic. Subsequent topics have included "living with stress," "good nutrition," "high blood pressure: the silent menance," and "your aching back." Each forum consists of several physicians, a nurse, and, when possible, a patient or lay person. A professional, versed in the topic selected and skilled in communication, is chosen, and a subcommittee is designated to outline each presentation, to develop and critique audiovisual materials, and to plan a brief quiz. The final 30 minutes of each public presentation are set aside for questions from the audience. Forums have been held in senior citizen centers, public school auditoriums, and in a city community center. Forums are not held within the hospital due to parking problems and the outreach orientation of the program. Hospital auxiliaries have served well as ushers and assistants.

80P-0138
Cottage Meeting Program.
Boswell, B. N.
Cottage Program International, Inc., P.O. Box 25152, Salt Lake City, UT 84119
1972 - Continuing.

The objective of the Cottage Meeting Program, a private, nonprofit organization, is to treat the background of the person with the drinking problem, based on the assumption that the environment reinforces drinking behavior. Community meetings are held in volunteers' homes and conducted by volunteers with at least 32 hours of training. The basic service offered is education of family members rather than treatment of the alcoholic. The meeting process is a direct skill-delivery system. Families, groups, or individuals participate in two progressive Cottage meetings which deal with the primary characteristics and stages associated with alcohol and other drug misuse and the various roles that are played which perpetuate and reinforce the substance abuse problem. The overall program involves extensive outreach, community education, and utilization of volunteers. The target audience is the entire community, and specific models have been designed which reach into the community in a comprehensive approach, with particular emphasis upon businesses, churches, and schools. Since the program's establishment in 1972, a series of 11 research projects have been conducted to evaluate effectiveness. Results indicate that participants were highly favorable of the experience and had significantly changed their attitudes on various aspects of alcohol usage, becoming more tolerant, enlightened, and confident of their knowledge on the subject.

80P-0139
Project Burn Prevention.
Healer, C.
Education Development Center, 55 Chapel Street, Boston, MA 02160
Funding Source: Consumer Product Safety Commission, Washington, D.C.
July 1975 - October 1980.

Project Burn Prevention is designed to determine whether education can change people's knowledge and attitudes about burn injuries and thereby reduce the burn injury rate. Services include a comprehensive educational program on all types of burn injuries with specialized strategies for targeted age groups: children 4-7 and 7-12; adolescents 12-18; and adults, particularly parents. A public information campaign, complemented by school-based and community outreach programs, utilizes public service announcements, television programs, and posters. The educational materials for the school and community programs are in the form of self-contained, individualized kits. The public information campaign is directed toward the adults of the Boston metropolitan area; the school program toward kindergarten through third grade students, and the tenth through twelfth grade students in Lynn, Massachussetts; and the community program toward the adults and parents of young children in Quincy, Massachusetts. The community outreach program is conducted through existing programs, such as 4H groups, library education classes, and community action programs. Program evaluation included a formative evaluation of the numbers of people reached and their reactions to the programs, pre- and posttests to measure knowledge changes, and changes in burn incidence rates as measured by hospital records. Results indicate: (1) enthusiastic responses, with the formative evaluation results detailed in "Program Implementation: Mass Media, School and Community Outreach;" (2) knowledge gains in the targeted areas significantly higher than in the control areas. The replication of the research project in other regions is warranted to confirm the positive results.

80P-0140
Project TEAM.
Jordan, D. K.
Boys' Clubs of America, 771 First Avenue, New York, NY 10017
Funding Source: National Inst. on Alcohol Abuse and Alcoholism (DHEW, ADAMHA), Rockville, Md.
1976 - 1979.

Over the past 3 years, 20 Project TEAM (Teens Explore Alcohol Moderation) pilot programs have helped local

Boys' Clubs to incorporate alcohol abuse prevention activities into their normal operations. Seven model programs have been developed educating Boys' Clubs members about alcohol use and abuse, enabling them to make responsible decisions about alcohol, and developing their leadership potential so that they can become effective role models for other young people. The techniques of values clarification, peer leadership, effective communication, and responsible decision-making are integral parts of the Boys' Club approach. The implicit assumption behind TEAM is that enhancing an individual's self-image and developing patterns of responsible decision-making are the best means of preventing alcohol abuse. Data from pre- and postprogram written questionnaires indicate positive changes in attitude and behavior related to drinking, especially in the area of peer resistance. Moreover, factors that lead to changes in this area also influenced general personal growth positively. Success of the program seems dependent on mobilizing existing groups and resources, careful planning of program specifics, and flexibility in adaptation of the model chosen.

80P-0141
Teen Parents Program.
Washington, A. C. and Rosser, P. L.
Howard University, College of Medicine, Child Development Center, Washington, D.C. 20059
Funding Source: Administration for Children, Youth and Families (DHEW), Washington, D.C.
September 1977 - October 1980.

The Teen Parents Program focuses on the multiple medical, educational, and social problems which are associated with adolescent pregnancy in an attempt to achieve long-range improvements in the health, productiveness, and well-being of a sample of adolescent mothers, fathers, and infants from Washington, D.C. Services include teaching of parenting skills; providing emotional and social supports to the mothers to encourage them to continue their education or vocational training, thus making them less inclined toward rapid, subsequent pregnancies; providing health care information; assisting with housing, welfare, day care, and other supportive services; and providing marital and family planning counseling, with the participation of the fathers. Parents are initially contacted through the Adolescent Prenatal Clinic prior to delivery, then scheduled for regular clinic visits for 2 years postpartum. Home visits are also conducted to reinforce classroom instruction. Clinic visits consist of classes, individual and group counseling sessions, demonstrations, and audiovisual presentations. Infants are given developmental screenings and physical examinations. There are approximately 350 births per year at the Howard University Hospital in the 18 and under age group; the program will accomodate 75, with highest priority given to girls and families who present high risks from medical and social points of view. The six-member staff cooperates with the Child Development Center and other hospital departments. Evaluation will consist of a comparison between program participants and a control group utilizing medical records, screening, and questionnaires to measure: (1) medical and health care received by mothers, (2) medical and health care received by infants, (3) health of infants, (4) developmental progress of infants, (5) parenting skills and social adjustment, and (6) fertility rate. A 24-hour emergency hotline is maintained to provide participants with counseling on a crisis basis.

80P-0142
Teenage Health Consultants (TAHC).
Jordan, C. V.
Peer Education Health Resources, 1600 Portland Ave., St. Paul, MN 55104
Funding Source: Minnesota State Dept. of Health, Minneapolis; Minnesota State Alcohol and Drug Authority, St. Paul; Law Enforcement Assistance Administration, Washington, D.C.; Bureau of Community Health Services (DHEW, HSA), Rockville, Md. Family Planning Office; National Inst. on Drug Abuse (DHEW, ADAMHA), Rockville, Md.
1973 - Continuing.

The Teenage Health Consultants (TAHC) Program is designed to: (1) identify and train groups of 8 to 10 youths as providers of health information; (2) increase the self-esteem and social competencies of TAHC participants; (3) promote healthy behavior among TAHC participants; (4) disseminate health information to youth in the general population; and (5) promote the use of community resources through referrals. Peer Education Health Resources, which administers the program, is a nonprofit organization which offers technical assistance on a service for contract basis to the community-based organization sponsoring the program. The community-based organization is responsible for program funding, hiring the TAHC trainer, assisting the trainer in securing program support from the community schools and parents, and program evaluation. The 8 to 10 participants, aged 14 to 20, undergo a 20 to 60 hour training program which employs values clarification exercises, role playing, and group discussion. The participants make a commitment to be available to their peers for at least 8 months after training, implementing service through group presentations on specific health topics in school classrooms, group homes, and community agencies. They also provide information to peers on a

one-to-one basis either informally or by establishing an information and referral service. The participants can expect to reach a total of 600 of their peers during this phase. Efforts to evaluate the program through a pre- and posttest design were not conclusive; however, reports by participants have consistently indicated that TAHC has been successful in increasing their social competencies.

HEALTH EDUCATION IN OCCUPATIONAL SETTINGS

80-0143
Behavior Change Procedures in Controlling Diet and Smoking.
Agras, W. S.
In: American Medical Association Congress on Occupational Health, 37th, 1977. Occupational Safety and Health Symposia, 1977. Cincinnati, National Institute for Occupational Safety and Health, Division of Technical Services (DHEW (NIOSH) Publication No. 78-169), p. 149-159, 1978.
Available from: GPO.

As industry moves toward providing employees with an increasing array of opportunities for health enhancement, the areas of dietary change and reduction of cigarette smoking offer challenging endeavors, especially in areas relevant to the clinician. Studies indicate that newer counseling methods for the obese should focus on alteration of eating and exercise patterns, rather than on dieting. The major elements of obesity programs, which usually involve 10 to 30 sessions, are stimulus control procedures, self-monitoring, and reinforcement of reported behavior and weight changes. Successful participants in these programs can usually be detected early in the sessions. Short-term goals, frequent meetings, individualized attention, and involvement of the spouse have contributed to success. In the area of diet change, participation of the family, graded introduction of healthy foods to replace unhealthy foods, information on buying and preparing food, and attention to followup maintenance are crucial. Smoking cessation programs have exhibited initial success with between 40 and 70 percent of participants, but relapse rates drop these figures to 20 to 30 percent within a year of the end of a typical program. Successful methods include self-monitoring, tapering techniques leading to abstinence, followup contact, rehearsals in coping with difficult situations, and relaxation training. Rapid smoking and electric shock have been used successfully as aversive therapy to reinforce tapering, and nonsmoking contracts and nonsmoking contests have been used successfully as positive reinforcers. 17 references.

80-0144
Incorporation of Aerobic Exercise Into Health Maintenance Programs of Business and Industry.
Colacino, C.
In: Implementation of Aerobic Programs; Presented at the National Conference on "Aerobic Exercise: Scientific Basis and Implementation of Programs" Held at Oral Roberts University, Tulsa, Okla., 1978. Washington, D.C., American Alliance for Health, Physical Education, and Recreation, p. 112-115, 1979.

Implementation of physical fitness programs involves helping participants cope with pervasive negative health norms fostered by corporate settings and offering them the means to reach self-achievement lifestyle changes. In most corporations the fitness program is under the auspices of the vice-president of personnel or corporate services. Since this position is far removed from the most powerful decision-makers, a highly ranked proponent of the health program often is required to hasten implementation. Major purposes and beliefs which should energize any corporate fitness program include: (1) ensuring that the fitness program is an adjunct to the company medical program; (2) consideration for programs of physical training, rehabilitation, and self-achieving lifestyle; (3) use of company time for programs; (4) absence of competition; and (5) creation of a supportive, educational, and motivational atmosphere with an established feedback system to allow individual self-monitoring. Administrative stipulations include: (1) definite hours of operation; (2) individual training programs which mesh with corporate policy and company medical policy; (3) methods of tracing compliance; (4) establishment of strict safety rules and dress codes; and (5) inclusion of a research and evaluation component. In addition, all candidates should be cleared medically, emergency medical procedures established, and individual progress reports sent to medical staff periodically.

80-0145
Exercise Prescription in an Industrial Fitness Program.
Dedmon, R. E.
In: American Medical Association Congress on Occupational Health, 37th, 1977. Occupational Safety and Health Symposia, 1977. Cincinnati, National Institute for Occupational Safety and Health, Division of Technical Services (DHEW (NIOSH) Publication No. 78-169), p. 160-177, 1978.
Available from: GPO.

Activities of the Health Management Program, available to 2,000 employees of the Kimberly-Clark Corporation in Fox Valley, Wisconsin, include multiphasic screening, educational conferences, and exercise programs. Facilities for these activities are located in the corporation's Health Service Center. Center staff include a physician, a health service manager, a nurse-practitioner, a special health services coordinator, two registered nurses, three technicians for multiphasic screening and treadmill testing, a physical education specialist, an executive secretary, three receptionists, and a clerk. Programs include health screening, aerobic exercise, cardiac rehabilitation, health education, employee assistance for alcoholism and drug abuse, and individual and group risk factor intervention counseling. Prescribed exercise programs never push a person beyond 85 percent of his maximal performance. Common features of successful programs initiated by the center include strong leadership; administrative support; accessibility; temporal availability; continuing evaluation of fitness, anthropometry, and performance; recording of participant progress; group exercise; challenge; continued motivation; organization; visibility and variety; cooperation with related company and community organization activities; and enjoyment. 53 references.

80-0146
A Health Promotion Program in a Corporate Setting.
Grove, D. A.; Reed, R. W.; and Miller, L. C.
Journal of Family Practice 9(1):83-88, 1979.

A work-site health risk identification and reduction program, currently being conducted for 2,200 employees at Blue Cross and Blue Shield of Indiana, focuses on cardiopulmonary disease, cancer, and cerebrovascular disease. Trained "health interventionists" work with the support of the family physician to provide the core team for this health promotion service. Interventionists require competencies in health education, group dynamics, counseling, speaking skills, writing skills, interpersonal relations, and the workings of the corporate-industrial environment. The program's three basic principles are support and cooperation of top management, voluntary employee participation, and employee record confidentiality. Program components include: (1) planning and prescreening education, involving space and logistics planning, scheduling, employee education and recruitment, training of screening staff, and completion of the health risk questionnaire by employees; (2) screening, involving a brief physical exam and an exit interview; (3) intervention, involving a small group format which incorporates behavior modification principles, peer support, and self-monitoring; and (4) maintenance followup, involving telephone followups and re-screening. The program, completed for a cost of $24 per employee per year, results in significant changes in risk factors and creates a general atmosphere encouraging individual responsibility for health. 12 references.

80-0147
Health Programs of Business Concerns.
Schirmer, C. A.
Health Education 10(4):14-16, July-August 1979.

An article reprinted from the February 1925 edition of the American Physical Education Review describes a study in which data were collected from 50 of the largest life insurance companies and 190 business concerns to allow insight into the programs of health education which had been adopted by these firms for their policy holders and employees. Insurance companies and many businesses were heavily dependent on the Life Extension Institute of New York to extend the healthy life of their policy holders and employees. The Institute's normal program began by sending policy holders invitations to free physical examinations in their home town. In general, preliminary examinations were more typical than periodic examinations, except where definite occupational risks were present. On the whole, data from examinations revealed that most persons screened suffered from some disease or physical defect. Examinations were followed by bulletins personally directing the examinee on how to keep well. Business examinations of employees were directed at screening out the unfit and obtaining maximum output from those employed. While life insurance companies offered no facilities for improving the health of policy holders, businesses, especially those with definite occupation-related ailments, often had such facilities. Finally, though policy holders rarely availed themselves of free physical examinations and related benefits, employees responded to such health programs in large numbers. 3 references.

HEALTH EDUCATION METHODOLOGY

80-0148
Mobilizing Media for Development: A Question of Will.
Academy for Educational Development, Washington, D.C. Clearinghouse on Development Communication.
Development Communication Report (18):1-8, April 1977.
Available from: ERIC; Order No. ED 150 969.

Finding ways to encourage advertisers and the media to increase their involvement in developmental communication efforts was a major theme of the Caribbean Food and Nutrition Institute's 5-day meeting on Nutrition and the Mass Media. Because beneficial behavioral changes on the part of mass media institutions or on the part of food and nutrition workers are unlikely, Caribbean governments must become committed to the systematic application of communication technology to their developmental activities. Every government ministry should have a unit of specialists to devise communication plans using all available media sources to support developmental activities. The keen sense of the worth of effective communication in political activities in the Caribbean must also be applied to the developmental scene if positive changes in nutrition and health behavior are to occur. The commercial media should not let their desires for autonomy from governmental intervention dissuade them from joining government in developmental communication efforts.

80-0149
Telemedicine: Health Care for Isolated Areas.
Academy for Educational Development, Washington, D.C. Clearinghouse on Development Communication.
Development Communication Report (17):1-6, January 1977.
Available from: ERIC; Order No. ED 152 250.

A series of experiments in rural Alaska and experiences in Tanzania and India offer insights into the use of telemedicine in the delivery of health care to isolated populations. Satellite communication and a centralized computer-based problem-oriented medical record system played a major role in the Alaskan project. The experiments demonstrated that two-way communication is vital to the support of rural health care workers and that satellites can provide reliable and inexpensive communication. The State purchased 100 small ground stations for use with a commercial satellite. The long lines supplier in the state is installing and operating the stations, which will provide at least one public telephone circuit and one medical communication circuit. The medical circuit will incorporate: (1) "doctor call" services and a health information system; (2) a "party line" arrangement to allow health aides to listen in to further their education; and (3) use of the system for health education broadcasts. Tanzanian educational endeavors involved three projects: (1) Adult Education Year (1970); (2) Man Is Health, a campaign designed to create an awareness of specific health problems among the rural population; and (3) Food Is Life, a program to raise the level of functional literacy about nutritional values. Indian experiences suggest that national rural education programs are characterized by a dearth of reliable information channels, a glut of material from policy planners, a lack of communication between planners and target communities, and little attention to the developmental communicators' needs.

80-0150
The Nutrition Message and the Mass Media.
Academy for Educational Development, Washington, D.C. Clearinghouse on Development Communication.
Development Communication Report (20):1-12, September 1977.
Available from: ERIC; Order No. 152 252.

Three studies, one diachronic and two synchronic, demonstrate the key role that mass media can play in nutrition education and reveal that their full potential will not be realized until project evaluation becomes more rigorous and more finely tuned to the part played by the media in developing projects. The diachronic study traces the evolution of mass media in nutrition education programs, pinpointing the strengths and weaknesses of the multimedia approach, the advertising approach, and combined approaches. The second study identifies the elements of a successful nutrition project and links them to the elements of a well-conducted evaluation. The final study reviews five nutrition projects, namely, the Trinidad and Tobago breastfeeding campaign, a mass media nutrition education project in two Equadorian provinces, the SUNAB nutrition education project in Brazil, the Tanzanian "Food Is Life" campaign, and the CARE mass media nutrition education project in Korea. The three studies constitute a solid exposition of the problems and the promise of mass media education in the service of sector-specific goals. While the focus is on nutrition, the wider implications of the discussions are those that preoccupy all development and communications workers.

80-0151
Hospital's Role Expanded With Wellness Effort.
Adamson, G. J.
Hospitals 53(19):121-124, October 1, 1979.

At Swedish Medical Center, a 318-bed, acute care general hospital near Denver, Colorado, a wellness center provides programs in health assessment, health education, and preventive health care. Target groups include hospital employees, patients, students, local businesses and industries, and the community in general. Priority was given to employee wellness to allow for pilot testing of the program before extending it to the community. Model designers realized that no one health institution in the community had the resources to implement the program

fully on its own; that a wide variety of health promotion efforts already existed; and that the health promotion field was becoming fragmented. Thus, a community resource broker model was developed, involving the center in health assessments of individuals and groups, in the wellness program design based on these assessments, and in evaluation of overall program effectiveness. Implementation of the programs' components is carried out by various community resource persons. The center's seven staff members refer clients to 50 community resource persons. Employees completing all the program elements have experienced significant positive changes in each component area. The expanded community program uses outreach facilities, in-service education in wellness, a school-based component, a health maintenance organization directed toward business and industry, an inpatient wellness program heavily reliant on the patient television system, and a technical assistance component. A subsequent resolution by the Colorado Hospital Association requires wellness to be emphasized in all state hospitals.

80-0152
Proceedings of a Workshop on Decisions and Drinking: A National Prevention Education Strategy, January 22-27, 1978, San Antonio, Texas.
Davis, C.
Rockville, Md., National Institute on Alcohol Abuse and Alcoholism, 84 p., 1978.
Available from: NTIS; Order No. PB-288 962.

A new alcohol prevention strategy was the main topic of a workshop on decisions and drinking, which was produced and sponsored by the Western Area Alcohol Education and Training Program. Prepared primarily for those who are interested in the field of prevention, the proceedings discuss a method for developing a prevention strategy and shaping it into a tool that can be delivered both locally and nationally. This workshop brought together representatives from the National Institute on Alcohol Abuse and Alcoholism, the National Center for Alcohol Education, area alcohol education and training programs, and the National Clearinghouse for Alcohol Information. State prevention personnel were familiarized with the "Decisions and Drinking" packages, which are self-contained educational kits designed for presentation to adults in a series of eight 90-minute to 2-hour sessions. The kit contains a "Facilitators Handbook," visual aids, outline cards for the course, master copies for duplication to create handouts, and take-home summaries. The "folks-teaching-folks" approach, which eliminates the need to used trained educators, was introduced to participants. Statewide plans were drawn up and a feedback process for evaluation was introduced. Course content is designed to encourage people to examine their own drinking habits. The workshop promoted development of constructive norms related to alcohol use in a community, inculcated the desire and skills necessary for community advocacy for improved alcohol services, and provided a comprehensive learning experience for adult community groups.

80-0153
Human Resource Networks in Community Gerontological and Health Information.
Dosa, M. L.
Alberta L. Brown Lecture in Special Librarianship, Western Michigan University, School of Librarianship, 30 p., May 12, 1977.
Available from: ERIC; Order No. ED 152 228.

Information professionals have been concerned with information sharing and cooperative arrangements for years. Now, members of the health professions are building their own interpersonal and interagency networks. By developing a supportive network of people from various social areas, such as aging, community health, and housing, improved interagency communication would facilitate planning and program development, thus improving service to individuals. Two research projects at Syracuse University are currently examining these issues. The Gerontological Information Program (GRIP) and the Health Information Sharing Project (HISP) are seeking to understand better the role of human resource networks in interdisciplinary fields. GRIP will design a centralized information system which will collect research results and other information produced by governments, the private sector, and international organizations, and make them available to service organizations. HISP will develop a decentralized information system which will facilitate the sharing of locally produced studies, surveys, reports, and data files related to health planning, program development, and research. 33 references.

80-0154
The Role of Health Education in Health Care: An Analytic Model.
Galli, N.
Health Values: Achieving High Level Wellness 3(5):260-265, September-October 1979.

An overview of the health care system in the United States is developed, and the interrelationships among the services provided are explored. Through the use of Venn diagrams, services in the health care system are divided into six components: medical, medically related, paramedical, health care, pseudomedical, and nonmedi-

cal. Further specialties and subspecialities within these areas include surgery, dentistry, clinical laboratory activities, and health education. The continued escalating costs of health care warrant an analysis of the system from a cost-benefit perspective. Examination of the value of primary health care indicates that greater emphasis should be placed upon programs designed to prevent the occurrence of disease and disability rather than treating them after they occur. Specifically, the benefits of health education should be viewed in light of the role behavior plays in initiating pathological conditions. 11 references.

80-0155
The Winking, Blinking and Nod of Health Counseling.
Gapinski, P. A.
Journal of School Health 49(9):509-513, November 1979.

The relationship between health education and the new trend toward implementing client-centered counseling techniques is reviewed. The health educator's role has changed with the realization that more appropriate skills and techniques, having their origins in guidance and counseling, foster attitudinal and behavioral changes. One university health counseling course uses a client-centered "Communication Skills" training model which is composed of three major categories: reflective listening, assertiveness training, and problem solving. The health educator must realize that effective listening requires a great deal of energy to enable him to hear the "encoded message" as well as the primary message. Reflective listening involves gentle invitations to the client to talk about encoded messages, active silence to allow the speaker and listener to analyze statements, paraphrasing, verbal decoding of feelings attached to the speaker's message, and summarizations of interrelated data presented by the speaker. Assertiveness skills, which help the client to communicate needs effectively, allow the client and the counselor to cut through energy-draining rambling by the client. Problem solving, the final part of the counseling procedure, employs an updated version of John Dewey's Six Steps to Problem-Solving Methods. Finally, implicit in any guidelines which serve to limit the health counseling involvement based on the context of the interactions occurring, is a recommendation that the health counselor should be aware of professional limitations. 8 references.

80-0156
First Aid and the Mentally Retarded.
Hauser, C.; Cockson, A.; Redican, K. J.; and Olsen, L. K.
Health Education 10(3):3-4, May-June 1979.

To implement a health education program to instruct the mentally retarded in American National Red Cross first aid techniques, a special 14-hour workshop was developed. The Standard First Aid Multi-Media System is based on the content of the regular 10-hour Red Cross Standard First Aid and Personal Safety course. The standard course was expanded to include recognition and treatment of the symptoms of colds and the flu. Basic first aid skills were demonstrated in a series of 20 16mm films. Practice sessions followed each film demonstration. Participants, who were retarded persons living alone in apartments run by specially trained resident managers, reviewed course content and procedures by reading a programmed workbook. Mean IQ was 55 and the range was 40 to 70; mean age was 29 and the range was 23 to 36. Of the 16 clients involved, 12 had chronic medical problems requiring occasional emergency care. Posttests administered to the clients doubled the scores of pretests as final scores averaged 93 out of a possible 100. The major problems encountered in the training centered around attention span and understanding of specific vocabulary, remedied by slow delivery and repetition. The positive results of this program suggest that further health-related educational programs aimed at the mentally retarded might prove effective.

80-0157
Theme 2: Health Education and Youth.
Hindson, P.
International Journal of Health Education (Geneva) 22(3):174-178, 1979.

In "Health Education and Youth," a theme of the Tenth International Conference on Health Education, five principles emerged: (1) there is a need in health education for new relationships among the professionals involved; (2) health is ultimately mental health, meaning self-esteem, autonomy, and concern for others; (3) education and preparation for parenthood lie at the heart of health education; (4) appropriate timing of health education programs is crucial; and (5) action programs must be based on sound research. Three general impressions emerged from the conference presentations: (1) change in behavior perhaps precedes attitudes and knowledge and that the way the human being perceives and interprets experiences is of greater significance to subsequent behavior than the provision of information through the media; (2) the whole practice of health education has improved throughout the world since the 1976 Ottawa Conference; and (3) the most desirable development in the field of health education of the young has been the proliferation of programs based on sound social research, followed by action programs which have invited and secured the ac-

tive participation of multidisciplinary teams of professionals and of community members acting as equal partners in efforts to improve health. Finally, one of the major points to be made at the Conference was the fact that the entire world, developed and developing, is being forced into preventive efforts by both economic and human necessity.

80-0158
Hospitals Adopt New Role.
Jonas, S.
Hospitals 53(19):84-86, October 1, 1979.

The large number of persons seeking information on means of maintaining good health dictates an examination of the state of health promotion activities in and outside the hospital setting. While the Cartesian mind and body dualism formed the basis for early research on the human body, it also encouraged a mechanical, single-cause, single-effect approach to treating the body that persists today. This ethos has placed an emphasis on curative medicine leading to the neglect of preventive medicine. Nevertheless, improvements in health throughout the centuries can be credited to preventive measures such as improvements in sanitation and nutrition and the discovery of immunization techniques. As infectious diseases gave way to other forms of chronic illness as the leading killers of modern man, preventive medicine was issued a new challenge. Preventive measures fall under two categories, personal and community measures and primary, secondary, and tertiary measures. The first category is self-explanatory; the second involves prevention of the appearance of disease altogether, early detection, and treatment of clinically apparent diseases, respectively. Within the epidemiological armory of preventive efforts are programs for lifestyle change, accident prevention, industrial hygiene, case-find and contact investigations, family planning, nutrition, substance abuse control, sanitation, immunization, and suicide prevention. Hospital patients offer a perfect captive audience for health education programs in which all professionals should become involved. In addition, hospitals can establish liaisons with community agencies to implement more far-reaching preventive programs, involving third-party payers, fund-raising campaigns, and capital development. 14 references.

80-0159
The Role of Physical Examinations and Education in Prospective Medicine.
Jones, W. L.; Mockbee, J.; Snow, C. K.; and Compton, J. R.
In: Prospective Medicine Opportunities in Aerospace Medicine. Triebwasser, J., ed. Neuilly sur Seine, France, Advisory Group for Aerospace Research and Development (AGARD Conference Proceedings No. 231), p. A2-1-A2-9, September 1978.
Available from: NTIS; Order No. ADA-059 898.

The National Aeronautics and Space Administration's (NASA) prospective medicine program, which has existed for over a decade, has two principal elements: physical examinations and an education program for health awareness. Participation in the voluntary physical examination is increasing. In 1976, 13,621 employees, over 50 percent of the NASA work force, were given partial or complete examinations in NASA Health Units. From the 941 examinations performed at NASA Headquarters in 1976, 522 new principal findings were detected. New equipment and techniques in exercise electrocardiograph, tonometry, and colonoscopy were partially responsible for this high rate. The health awareness program includes consultations with physicians, new training devices and courses, health bulletins, and special screening programs. Epidemiological studies, now underway, will be used to evaluate the health awareness programs. 5 references.

80-0160
Alcohol Abuse Prevention: A Comprehensive Guide for Youth Organizations.
Jordan, D. K. and Windsor, B. K.
New York, Boys' Clubs of America, 176 p., 1978.

Guidelines offer youth workers the information and skills needed to institute an alcohol abuse prevention program in their youth organizations. Although aimed specifically at the prevention of alcohol abuse, each section of the Teens Explore Alcohol Moderation (TEAM) program can be used as a reference and starting point for a variety of prevention programs. The methods respond in constructive ways to the human and psychological needs that alcohol satisfies by offering constructive alternatives. Seven detailed prevention models, including arts and crafts, peer leadership, peer counseling, values clarification, cultural exploration, keystoning or community service, and media study, can be successfully replicated in whole or in part based upon the needs and resources of the community. Pilot studies which tested and shaped the program involved 13 Boys' Clubs. Several resource materials and their sources are listed.

80-0161
Theme 3: Methodology.
Modolo, M. A.
International Journal of Health Education (Geneva) 22(3):178-180, 1979.

"Methodology," a theme of the Tenth International Conference on Health Education, was broad in its coverage of subjects, incorporating four sub-themes: assessment of needs and definition of priorities, definition of objectives, evaluation, and educational strategies. Key issues relate to six important areas: prevention of degenerative diseases, prevention of sexually transmitted diseases, family planning, nutrition and malnutrition, human settlement and resettlement, and problems of addiction. Identification of needs involves cultural, racial, and political as well as medical factors. Future needs, often latent and difficult to spot, should receive as much attention as immediate needs. Objectives should be defined in terms of influencing the behavior of individuals, changing societal values, and creating a favorable attitude for the use of societal means to solve problems. In evaluation, multidisciplinary approaches should be used, problems of generalizability examined, qualitative research emphasized, and evaluation of programs distinguished from evaluation of health education. Educational strategies should involve the target audience in design, encourage self-help techniques, implement cross-validation techniques, involve community schools, and solicit the help of the mass media.

80-0162
Health Awareness Day Programs.
Mulvihill, C. J.
Journal of the American College Health Association 27(6):321, June 1979.

Use of an "awareness day" theme, involving a brief exposure, high visibility program designed to stimulate thinking and discussion of certain health risks and issues by large numbers of faculty and students, boosted attendance during health education programs at the University of Pittsburgh. The physical setup of the event is similar to that of a "mini health fair," consisting of display tables, posters, and participation features arranged in an area which receives a large volume of student traffic. Planning and implementation of a "Cancer Day" involved cooperative efforts by the American Cancer Society, students, and the Student Health Service. The awareness day provoked discussion as well as interest in the latter. Other such events are in the planning stages, and the American Cancer Society has modified the format of the program for use in industrial settings.

80-0163
Utilizing Mass Media for Health Messages.
Price, J. H. and Allensworth, D. D.
Health Education 10(4):17-19, July-August 1979.

Developing messages for mass media utilization requires considerable planning, including decisions on the concepts to be communicated to the selected target audience, identification of possible secondary audiences, and decisions on the mode of communication best suited to reach stated goals. A well-planned program should establish communication strategies, channels, and evaluation procedures. A test trial of the message should be made to determine its strengths and weaknesses. Analyzing the effectiveness of a program may be discouraging due to the inordinately high expectations of the health educator who initiates the program; though commercial advertisers are pleased with a 1 to 2 percent gain in sales, such figures often frustrate the educator. Furthermore, a recently completed nationwide survey reveals that more than 75 percent of the respondents believe that public service announcements (PSA's) constitute a reliable source of information. The credibility of PSA's was second only to that of medical personnel. 20 references.

80-0164
An Educationalist Looks at Health Education.
Tomlinson, J. R. G.
International Journal of Health Education (Geneva) 22(3):150-160, 1979.

Health education has come a long way from early didactic approaches as the medical establishment has come to accept the insights of behavioral sciences concerning the subtlety of human motivation and the importance of individual perception and interpretation. The need for prevention-oriented medicine will revolutionize the patient-doctor relationship as the "client" becomes more involved in treatment. As more people, especially children, survive illness while incurring handicaps, multidisciplinary supportive services must evolve. Education of children in health matters must begin with a realization that differing social backgrounds result in uneven opportunities for preschool children. Participant learning seems to be a necessary component of any health education curriculum for the child. Projects sponsored by the School Councils for England and Wales have developed curricula for every level. Of special interest is the recent emphasis placed on "hidden curriculum," that is, the attitudes and values which a school conveys to its pupils regardless of intervention. Finally, family planning ventures have uncovered a gap between the aims of health educators and the real settings in which people live. Practitioners must leave their traditional settings to deal with local realities. 15 references.

80-0165
Nutrition Education (Letter).
Truswell, A. S.
British Medical Journal (London) 1(6115):782, March 25, 1978.

A properly designed nutrition education program must meet three conditions: (1) the experts must agree that the message is worthwhile and needed; (2) the advice must be intelligible, safe, and practicable, including its economic implications; and (3) an organization should be set up to monitor and assess the program's effectiveness. A current media health promotion campaign of the Health Education Council in Great Britain, apparently conducted without the knowledge of any senior government nutritionist, has been designed from Scandanavian models. Unfortunately, the full benefit of those programs cannot be felt in Britain because they have only been selectively adopted. 5 references.

80-0166
Is It a Change for the Better?
Vickery, D. M.
Hospitals 53(19):87-90, October 1, 1979.

As public interest in self-care increases, the hospital will be expected to play a greater role in community and patient education. The key to the hospital's response will be whether the decision-makers within the hospital consider their primary mission to be the improvement of the community's health or the management of a growing inpatient service. Since most hospital personnel have the skills to implement patient and consumer health education programs, initiating a program should not require a massive influx of new personnel. Moreover, the hospital is already the focal point for most community health endeavors and hospital personnel find the idea of health maintenance attractive. Proven health education methods include use of mass media messages to control coronary risk factors, use of small discussion groups to decrease emergency room visits by outpatients with diseases such as asthma, use of a telephone hotline service to decrease acute events among diabetics, teaching methods of administering blood transfusions at home for families of hemophilic patients, and use of a pamphlet to instruct patients on upper respiratory infections. Principles necessary to the development of effective programs include participation on the part of the staff, obtaining outside help, delineating specific target areas, favoring health education over screening, reinforcement of information in proportion to the degree of response desired; and evaluation which accounts for a program's cost-effectiveness. 15 references.

80-0167
A Synopsis of the Conference.
Yarrow, A.
International Journal of Health Education (Geneva) 22(3):181-184, 1979.

The Tenth International Conference on Health Education recognized the effects of the Lalonde health field concept in Ottawa and later duplicated elsewhere. With that initiative, health education has come to be seen as an indispensable part of the whole policy of prevention. It also has been recognized that the goals pursued by health education are multiple, involving the media, public leaders at all levels, the general public, health educators and other practitioners, researchers, and target groups. Health programs must have the consent of the target group, multidisciplinary support, political support, and a firm evaluative component. Health education among the young must be person-oriented, geared towards enabling the student to choose rationally, and offered by a team of integrated professionals. Whether the teacher acts as a persuader or a disseminator remains a moot issue. Finally, theoretical limitations noted at the conference included: (1) lack of methodological development, requiring further work by epidemiologists, social psychologists, economists, and statisticians; (2) problems stemming from the value-laden nature of the subject matter; and (3) impatience on the part of health educators who do not realize the strides made during the history of health education.

80P-0168
YET.
Bowie, S.
Planned Parenthood League of Massachusetts, 99 Bishop Richard Allen Drive, Cambridge, MA 02139
1978 - Continuing.

Youth Expression Theatre (YET) is a unique approach to family life education for teenagers, their parents, and youth-serving professionals. This troupe of teenaged actors uses drama to heighten awareness of the real problems and pressures faced by teens in the social and sexual areas of their lives. YET's goal is to foster communication among teens, in particular, to consider the consequences of actions that may affect their entire lives. YET actors are drawn from local high schools representing a wide range of socioeconomic backgrounds. In intensive rehearsal sessions, theatre skills are integrated with education about areas of teen concern, particularly sexuality and family and peer relationships. A YET performance consists of approximately 10 skits lasting about 40 minutes. Problems addressed in the skits include teenage pregnancy, pressures to have sex, depression, drug and alcohol abuse,

difficulties in communicating with parents and peers, homosexuality, acquaintance rape, and many others. Following each performance, the actors invite the audience to question, comment and offer possible resolutions for some of the problems portrayed.

PATIENT EDUCATION

80-0169
Prepared Patients Have Fewer Fears.
Hospitals 53(19):32, 36, October 1, 1979.

The Child Life and Volunteer departments at St. Francis Hospital in Beech Grove, Indiana, have developed some innovative patient education programs for young children and adult surgery patients. The Hospital Helpers program involves volunteers who present information to community school children to combat the fears these children usually feel about hospital stays. A slide show highlights the pediatrics and surgery departments of the hospital, with special emphasis on anesthesia. The Let's Pretend Hospital Project brings kindergarten students to the hospital, allowing them to experience some of the events of an actual stay by taking the roles of various participants in the process. The pre-surgery orientation program developed at St. Luke's Hospital Center Open Heart Recovery Unit (OHR) reflects the same sort of approach. Patients are gathered together in groups of two or three for a round-table review of pre-operation procedures, followed by a tour of the OHR and a discussion of post-operation expectations and operation procedures. Specific apparatus that might cause discomfort or fear in a post-operative patient are explained and discussed. Programs such as those at St. Francis and St. Luke hospitals prevent the development of complicating psychiatric problems usually suffered by hospital patients.

80-0170
Who's Going to Pay the Bill?
Appelbaum, A. L.
Hospitals 53(19):112-120, October 1, 1979.

Hospitals need to pursue a number of options in the financing of health promotion activities. Financing is of utmost concern to hospitals due to current cost constraints, new problems for third-party payers, and involvement of many people who are not sufficiently versed in the details of budget and cost. Hospital financing mechanisms include third-party payers, fee-for-service, donations from attendees, contributions and gifts, grants and contracts, extensive use of volunteer help, philanthropic or tax funds, and joint programs with other hospitals. The American Hospital Association's 1978 Survey of Hospital Inpatient Education revealed that 30 percent of the hospitals have health education and promotion budgets. Several hospitals have separate foundation funds with some of the funding earmarked for educational uses. Policies of third-party payers, such as Blue Cross, make it essential for hospitals not to separate the costs of patient and community health education if they desire payment for their programs. In addition, the Advisory Council on Education, consultant to the health insurance industry, has begun a 3-year study to demonstrate the feasibility of providing health education as part of primary care. Information on policy and program implementation can be solicited from the Center for Disease Control's Bureau of Health Education and the Department of Health, Education, and Welfare's Office of Health Information, Promotion and Physical Fitness and Sports Medicine.

80-0171
Second International Congress on Patient Counselling and Education, The Hague, The Netherlands, May 1-4, 1979.
Davis, K. E.
Patient Counselling and Health Education 1(2):89-90, Fall 1978.

Members of the Second International Congress on Patient Counselling and Education view these disciplines as closely related, but essentially different parts of health care. Patient education should be defined as a method for teaching a patient how to understand and handle life when afflicted by a certain illness. Patient counseling involves helping the patient to cope with the negative connotations of illness and treatment. In patient education, the practitioner looks for input from the social sciences and educational technology; in patient counseling, the practitioner looks toward the models of psychotherapy or clinical psychology. The Congress has also included a discussion section dealing with "Aspects of Implementation," which will consider such questions as the integration of patient education in everyday medical care, means of making it effective within the working structure, and patient education as an issue of consumer rights. The Congress feels that patient education and counseling are specific fields of action requiring their own methodology. More than 300 people from 25 countries have indicated their desire to join in the deliberations at the Hague next May.

80-0172
The Teaching Square.
Fouts, J.
Supervisor Nurse 9(12):12-13, December 1978.

Growing patient dissatisfaction with impersonal service and lack of patient education provisions at the obstetric clinic of North Carolina Memorial Hospital encouraged the incorporation into the record keeping system of the "teaching square," a small piece of paper stapled to any existing maternal record which lists nine teaching categories that should be covered during the prenatal period: prenatal care, diet, labor and delivery, infant care, feeding, post-partum care, contraception education, name and agency of the assigned public health nurse, and name and referral date of the assigned social worker. An in-service meeting allowed the staff to familiarize themselves with each category of information; the experience was reinforced in followup meetings. In its 5 years of use, the square has (1) enabled any member of the health team to see the extent of a patient's educational progress; (2) allowed charts to be reviewed prior to clinic hours so that teaching can be planned; (3) emphasized the importance of patient education; (4) enhanced communication among the nursing staff, doctors, and social workers; (5) offered an indicator of patient accomplishments for use during nursing audits; and (6) personalized service to patients. The square has been expanded to a full page to make room for comments regarding each item.

80-0173
Medication Checklist to Aid in Patient Education.
Gerson, C. K.
American Pharmacy 19(8):44, July 1979.

The Personal Drug Information Checklist, developed by the American Pharmaceutical Association (APhA) and the Amercian Red Cross, is designed to help pharmacists and other health professionals explain drug therapy and to let patients ask questions about their own drug therapy. The most important characteristic of the checklist is that it supplements, rather than replaces, oral communication. Since the checklist contains space for four drugs, it can serve as a record of the patient's medication. Camera-ready photostats of the checklist are available from the APhA.

80-0174
Teaching Successful Use of the Diaphragm.
Gorline, L. L.
American Journal of Nursing 79(10):1732-1735, October 1979.

Types of diaphragms and their correct use are described to aid in client education. Three types of diaphragms are most commonly used: the arching spring, the coil spring, and the flat spring. The arching spring assumes the arc-shaped form when compressed, making insertion easier for the woman with a posteriorly pointed cervix. The diaphragm's effectiveness is greatly enhanced when used with a spermicidal agent. Failure of the diaphragm, though infrequent, is usually due to improper fit, vaginal wall expansion during intercourse, or dislodgement due to frequent insertions of the penis or due to sexual position. The prospective client must show motivation to use the diaphragm every time she has intercourse, indicate willingness to touch her genitals, demonstrate the self-confidence to insert the device, and have a sex partner willing to accept this method. A satisfactory candidate should be taught the basic anatomy by using drawings and a plastic model, taught how the diaphragm works with emphasis upon the need to cover the cervix, given a pelvic exam, fitted for a diaphragm, and tested for slippage. It is helpful to explain to the woman that the cervix feels like the tip of the nose. The woman should practice inserting the diaphragm in the presence of the practitioner and perform this same rehearsal after 2 weeks. Nightly and daily use should be encouraged, the cost of which is approximately that of oral contraception. The device can be checked during the yearly Pap test. Weight gains or losses of 15 to 20 pounds, vaginal delivery, or abdominal surgery require refitting. Women reporting "allergic" reactions to a spermicide should be examined for vaginitis before switching brands. 5 references.

80-0175
An Education Program for Hysterectomy Patients.
Hamilton, A. and Kelley, P.
Supervisor Nurse 10(4):19-21, 25, April 1979.

An organized education program for hysterectomy patients was initiated at Winter Haven Hospital in Winter Haven, Florida. A "Hysterectomy Teaching Guide" was attached to the patient's chart to provide a ready outline of the material to be covered, a way to document the learning activities completed, and an effective means of data retrieval for audit. Guide headings included Teaching Material, Meaning of Hysterectomy, Consequences of Surgery, Activity and Limitations, Signs of Complications, Medications, Post-Hysterectomy Myths, and Medical Followup. Guidelines were developed to explain and augment the guide by listing supplementary literature for patients and nurses. In-service mini-courses were given to the nurses covering topics such as group teaching methods, proper content, and effective use of visual aids. After observing the hospital's patient educator conducting

classes, the nurses gradually took full responsibility as discussion leaders. Participating patients have offered praise and positive feedback and the program is being extended to husbands. The group sessions save time, provide for an exchange of ideas, and promote nurse-patient and patient-patient communication. The organized program, with a general core of information, proved to be an efficient and effective way of planning educational activities.

80-0176
Reduction in Sudden Deaths by a Multifactorial Intervention Programme After Acute Myocardial Infarction.
Kallio, V.; Hamalainen, H.; Hakkila, J.; and Luurila, O. J.
Lancet (London) 2(8152):1091-1094, November 24, 1979.

Three hundred seventy-five consecutive patients below age 65 who had had an acute myocardial infarction (AMI) took part in a randomized rehabilitation and secondary prevention trial as part of a World Health Organization-coordinated project in Finland designed to study the effects of a multifactorial intervention program on morbidity, mortality, return to work, and other factors. The program for the intervention group was started 2 weeks after discharge from the hospital and consisted of medical examinations by an internist at least monthly for the first 6 months, then approximately once every 3 months. An interdisciplinary team included a social worker, a psychologist, a dietician, and a physiotherapist. Health education consisted of antismoking and dietary advice and discussion of psychosocial problems, and an appropriate physical exercise program was recommended. Control patients, on an average, were in contact with their doctors about half as often as those in the intervention group. After 3 years of followup, the cumulative coronary mortality was significantly smaller in the intervention group than in the control group. This difference was due mainly to a reduction of sudden deaths in the intervention group. The reduction was greatest during the first six months after AMI. The number of patients with new Q-QS findings at the end of the 3 years was, however, almost the same in both groups. Results suggest that organized aftercare during the first six months following AMI with special emphasis on optimum medical control and health education contributes significantly to a reduction in the number of sudden deaths. 16 references.

80-0177
Health and Nutrition Education Unit in a Children's Hospital.
Laurance, B. M. and Lawrie, B.
British Medical Journal (London) 2(6150):1469-1471, November 25, 1978.

The health and nutrition education unit established in the Queen Elizabeth Hospital for Children in London in 1976 attempts to augment the work of health practitioners by educating parents who reside in the underprivileged community of the east end of the city. Run by a former ward sister, who was previously a district nurse and health advisor, the unit accepts referrals from all hospital departments, educating parents on accident prevention, nutrition, dental health, immunization, and play facilities. Special problems, particularly nutritional difficulties, encountered by the large immigrant population of the east end receive emphasis. Unit activities include home visits; telephone consultations; meetings with health practitioners, parent groups, and school children; maintenance of liaisons with district health education departments; and creation of displays for exhibition in clinics and wards. The unit has been welcomed warmly by the professional community, and visits by district health visitors have increased. Though the unit is located in the outpatient clinic, the one-to-one format between advisor and client which emerged would have made any available room suitable. Finally, future unit activities must expand further in the direction of accident prevention, where referrals lag behind estimated needs. 4 references.

80-0178
Using the Health Belief Model to Predict Patient Compliance.
Loustau, A.
Health Values: Achieving High Level Wellness 3(5):241-245, September-October 1979.

One approach to the problem of noncompliance among patients is to utilize Rosenstock's Health Belief Model to analyze patients' beliefs about health and illness. The Health Belief Model is predicated upon the assumption that the patient's perception of susceptibility to an illness, severity of the illness, benefits of remedial or preventive action, and the costs of such action will determine the decision to take action or to refrain from taking action. Operationalizing the Health Belief Model allows identification of noncomplying patients and means of assisting these patients. A number of questions to be asked of patients are presented which allow operationalization of the model. This procedure allows the patients to become participants in the management of their care and future illness, with the likelihood of preventing complications. 16 references.

80-0179
Family Support Group in a Burn Unit.
McHugh, M. L.; Dimitroff, K.; and Davis, N. D.
American Journal of Nursing 79(12):2148-2150, December 1979.

The burn unit at the University of Michigan Hospital established a family support unit to alleviate stress created by the patient's condition, financial difficulties, travel arrangements, the curiosity of friends, and other disruptions brought on when a family member suffers extensive burns. The design team consisted of a staff nurse, a social worker, and a psychiatric nurse with experience in group process. A prepared program format with a nurse taking the role of the teacher seemed successful. Nurses must assist the group to make the transition from technical matters to psychosocial issues. Therefore, the last session of the program was focused on responses to the tragedy. Topics often must be introduced indirectly due to the sensitivity of family members to the scars caused by burns. Because family acceptance of the situation seems to follow stages similar to those of grief over the dying, groups often must divide into subgroups to handle the different stages reached by different persons. The support group differs from a psychotherapy group in that the former attempts to buttress defense mechanisms, while the latter attempts to break these mechanisms down. Finally, the relationships between families and hospital staff must be discussed whenever possible. 6 references.

80-0180
Patient Package Inserts: A New Tool for Patient Education.
Morris, L. A.
Public Health Reports 92(5):421-424, September-October 1977.

At the instigation of the consumer movement and the patient education movement, the Food and Drug Administration (FDA) in the late 1960's began to require prescription drug manufacturers to include, in addition to the physician-oriented label, a patient package insert (PPI). To prepare and develop a public policy regarding PPI's, the FDA initiated a Patient Prescription Drug Labeling Project entailing input solicitation, research and development, and implementation. FDA meetings were held with 10 individual physician and pharmacist organizations between September 1974 and July 1975, and the Pharmaceutical Manufacturers Association held special meetings with representatives of 11 consumer advocacy groups. A second series of meetings were held in 1975, and a symposium on PPI's in 1976 involved speakers representing almost every affected group. The basic issue throughout the meetings was whether the PPI constitutes a right-to-know document or a patient education document intended to improve compliance. It appears to be both. Surveys of users of oral contraceptives, the most widely used drugs for which PPI's are required, indicate that though users read PPI's, they often do not remember crucial information contained in them. Most respondents wished to see PPI's for additional classes of drugs. Research continues in the area of patients undergoing treatment for disease and in the area of the proper content of PPI messages. 6 references.

80-0181
The Breast Cancer Digest: A Guide to Medical Care, Emotional Support, Eduational Programs, and Resources.
National Cancer Inst. (DHEW, NIH), Bethesda, Md. Office of Cancer Communica ions.
Bethesda, Md., the Institute (DHEW Publication No. (NIH) 79-1691), 165 p., 1979.

Information and resources needed to plan, develop, and implement appropriate educational programs on breast cancer for the general public and breast cancer patients are presented. Through this objective and comprehensive overview of breast cancer for health professionals, especially health program planners and communicators, practitioners are provided with insights into all aspects of the disease and its effects. In addition, public and patient education programs are suggested which may help achieve further progress against the disease. Areas covered are incidence, survival, and mortality; risks; development of breast cancer; breast cancer tests and treatments; impact of breast cancer on the public, patients, and health professionals; and breast cancer programs and resources. 297 references.

80-0182
Use of the Ambulatory Setting for Patient Self-Education.
Newkirk, G.; Bass, R.; and Stein, M.
Journal of Medical Education 54(7):592-594, July 1979.

An audiovisual, self-instructional program dealing with infant and child nutrition was developed for use in the waiting room of a university hospital's pediatric primary care facility. A self-contained slide and tape presentation emphasized misconceptions about childhood nutrition. Over a 2-week period 30 parents who viewed the tape and 30 parents, acting as controls, who did not view the tape were tested. Though pretest results showed no significant differences, parents who viewed the slide show exhibited a significant increase in knowledge on the posttest. A followup test, given 6 months later, showed no significant decline in knowledge among those who had viewed the slide show. Once the compact equipment was installed, the system delivered continuous instruction without involving additional time from clinic staff members, and

without upsetting the flow of patient appointments. A posttest survey of attitudes indicated that viewing the program took little extra effort. Though experiment results are limited due to the fact that the subjects were well-educated females and parents of patients rather than patients themselves, the favorable results argue convincingly for implementation of self-instructional formats in waiting rooms. 3 references.

80-0183
Who'll Teach Patients Better Health Habits (Editorial)?
Peterson, H.
Patient Care 12(3):8, 13, February 15, 1978.

Physicians are expected to give full and careful attention to "medical" problems that might well be handled by the patient or family. To teach the public simple health habits and sensible self-care for minor ailments, education in the primary physician's office seems the best hope, and delegation of much patient education to a nurse practitioner or a paraprofessional aide seems the best practical answer for busy physicians. "Together: A Casebook of Joint Practices in Primary Care," published last year by the National Joint Practice Commission, offers examples of patient education techniques that might be adapted by primary physicians whether or not they are interested in working with a nurse practitioner.

80-0184
Hospital Inpatient Education in South Carolina: An Evaluative Study of Provider and Consumer Research (Dissertation).
Prynne, T. A. L.
Columbia, University of South Carolina, College of Education, 173 p., 1978.

In April 1977, a mail survey of 5,145 discharged patients was conducted to assess the operational depth of educational activities in South Carolina from the viewpoint of the patient. From 30 to 50 percent of the respondents reported that they did not receive instruction in one or more of the following program areas: diet, medicines, exercise and activities, and aftercare procedures. Median length of stay in a hospital was 3 to 5 days longer than the average for general hospitalization in the state. Approximately 40 percent of the patients reported multiple admissions during the period under study. Discrepancy analysis of an American Hospital Association survey of all member institutions and the patient study showed major differences between identification of the providers of patient education; the institutions identified the nurse, while the patients reported the physician. Very few patients reported using statistical information to identify whether patient education activities were related to the variable of readmission; each reported a significant reduction in the rate. In the patient study, the independent variable of instruction was not seen to be statistically related to the readmission rate. Only 43 percent of the patients reported that they were checked on their understanding of the instruction given. Greater clarity of educational definitions, practice, and evaluation is suggested for effective development of the data base for patient education. Numerous references.

80-0185
Inservice and Patient Education.
Salmond, S. W.
Supervisor Nurse 9(5):95-97, 101, May 1978.

An in-service instructor in a community hospital must set two goals with regard to education of the chronically ill patient: (1) to assist in the development of planned patient education programs for the patient and his family, and (2) to train staff to teach the programs. The process of reaching these goals involves 10 steps: (1) analyze the problem to identify barriers to effective teaching within the agency by using a systems approach; (2) analyze particular needs of the agency; (3) form committee(s) using a multidisciplinary approach to assure input from all health personnel; (4) set goals for each committee; (5) simplify the tasks by developing performance aids for nurses and patients; (6) educate the staff concerning all program curricula; (7) repattern the ongoing system so that the programs can be initiated and maintained; (8) employ a "modeling approach" to accustom the nurses to the group teaching atmosphere and procedure; (9) instruct the nurses in problem-solving techniques so that intervention by the in-service instructor becomes unnecessary; and (10) implement a behavior-oriented evaluation design. Until hospitals incorporate effective budgets for patient education departments, in-service instructors can take only the initial step toward offering the consumer the support and education needed to cope with health problems. 4 references.

80-0186
Spinal Fusion: Emotional Stress and Adjustment.
Schatzinger, L. H.; Brower, E. M.; and Nash, C. L., Jr.
American Journal of Nursing 79(9):1608-1612, September 1979.

Descriptive data gathered from over 200 spine fusion patients at the University Youth Spine Center in Cleveland, Ohio, by using questionnaires, interviews, and group discussions, showed that application of the Risser-spica cast

is the event which involves the most anxiety on the part of the patient. Those who previously have worn a Milwaukee brace tolerate the cast better than others. Parental grief and guilt must be confronted as well; any parental involvement in therapy often helps to alleviate such feelings. Surgery-related problems perceived as most troublesome by adolescent patients were back photography, washing hair, peer reactions, blood samples, bowel movements, enemas, duration of confinement in the cast, traction on the Risser table, shots, cast discomfort, cast odors, and bedriddance. Child life workers have been successfully employed to allay young patients' fears, such as the fear that the patient will be paralyzed from the procedure. Patients who retain a great deal of fluid after the operation have been observed to be irritable and unresponsive to pain relievers. Postoperative depression often sets in about 2 weeks after the procedure, requiring counseling attention, which must be periodically repeated throughout confinement. Those counseling the patient should become aquainted with medical status, discourage overly optimistic or pessimistic expectations, detail what is expected of the patient, and convey the necessity of patient dependence as normal. 3 references.

80-0187
Cataloging Procedures and Catalog Organization for Patient Education Materials.
Sorrentino, S.; Goodchild, E. Y.; and Fierberg, J.
Bulletin of the Medical Library Association 67(2):257-260, April 1979.

Upon receiving a grant to develop a patient and health education collection at Los Angeles County Harbor-UCLA Medical Center, the task of processing and organizing these materials was addressed by the medical library staff. It was decided that the same cataloging tools and procedures used for medical library material should be used for the patient library collection. These procedures were found to provide more than adequate coverage of the collection. In addition, the uniformity of procedures for the two collections makes cataloging of this new material easier for the catalogers and makes the catalogs in both libraries easier for library staff and patrons to use. Sections for various types of material were created in the catalogs of both libraries to draw the patron's attention to the availability of this material and to facilitate the answering of reference questions which are frequently directed to a specific format. Another means of drawing the patron's (especially the health professional's) attention to this material is the integration of cards for patient and medical library material in the medical library catalog. Moreover, this integrated cataloging facilitates the location of material, because the library staff and patrons have only one catalog to check in order to find the material they need. 2 references.

80-0188
Theater as Therapy: How Rehearsing Your Patients Can Help Them Cope.
Visintainer, M. and Wolfer, J.
RN 42(1):56-62, January 1979.

Acting out stressful situations that can result from surgery or illness can alleviate a patient's anxiety. A series of controlled studies with children indicates that such rehearsals reduce patient stress during hospitalization and increase compliance with medical treatments at home. The rehearsal must complement rather than replace procedural information about the illness and the recovery process. Rehearsals have been found to reduce surprise and stress, give support when it is needed most, break down denial of problems which require confrontation, and help patients make decisions about their behavior, especially decisions with short-term consequences. The advantage which pervades all these benefits is that rehearsals allow the patient, through imagination, to move to settings outside the hospital. Points to remember when planning or enacting a rehearsal are to establish a trusting relationship, choose a location which will not inhibit the patient, explain the purpose of the rehearsals, learn about the patient's outside environment from the patient, emphasize the need for precise detail, practice treatment behavior, switch roles if the patient begins to have difficulties, use the patient's past experiences as analogues, respect the patient's privacy, and remind the patient that rehearsals do not constitute fool-proof predictions of actual events.

80-0189
Palaver Over Patient Package Inserts.
Wickware, D. S.
Patient Care 11(3):22, 24, 27-28, 31-32, 35-38, 40-41, 45, 49-50, 55-57, February 1, 1977.

An overview of the Joint Symposium on Drug Information for Patients indicates that individuals and institutions interested in or affected by the patient package insert (PPI) disagree about its basic purpose. Some say it should be a full disclosure document designed to satisfy the patients' right to know. Others believe the PPI should be solely an educational tool aimed at improving drug therapy compliance and drug use safety. Food and Drug Administration officials contend that PPI's are drug labeling subject to regulatory control, and the agency seems to be moving toward PPI's of the sort proposed for estrogens. Many fear that this approach overemphasizes reactions and side effects and underemphasizes benefits. Health-related organizations cautiously endorse PPI's with a number of reservations. The American Medical Association wants evidence that PPI's will yield patient benefits at an accept-

able cost. Manufacturers fear that PPI's will increase liability for makers, prescribers, and dispensers of drugs. Pharmacists wish to defer development until the function of PPI's can be agreed upon. Some malpractice experts insist that inserts should serve only as practical injury prevention instruments. Others feel that PPI's will evolve into "informed-consent" documents, placing new patient information pressures on physicians. Experts agree that to be an effective patient education device, the PPI must be supported by personal discussion by prescribers and pharmacists, a practice which would stimulate one-to-one drug therapy instruction. Experts also state that an effective PPI must be brief, carefully organized, make liberal use of labels and summaries, consist of specific behavioral instruction and decision rules, and offer a minimum of background data. Enough side effects and adverse-reaction data must be presented to allow patients to use the drug with educated consent and to prepare for possible side effects.

PROFESSIONAL EDUCATION AND TRAINING

80-0190
AHDP, Inc.: Health for the Older Adult.
Leviton, D.
Health Education 10(4):8-10, July-August 1979.

The Adult Health Development Program (AHDP) at the University of Maryland each semester trains over 60 college students, serves approximately 100 older adults with a variety of health problems, and provides the basis for a research program. College students are trained to work on an individual basis with older adults (55 to 86 years of age) to improve their health knowledge. Services offered by AHDP include training, counseling, consulting, clinical health education, physical fitness activities, and health vacation programs. The program allows university professionals to supplement their incomes while translating their health knowledge into structured activities which benefit the off-campus public. Moreover, the program allows university educators to expand their parochial views by encountering problems faced by the community at large. This sort of community and clinical health endeavor can stimulate the job market for health educators in industry, government, and other areas where the role of educator is considered anachronistic. This relationship of mutual benefit to the professional and to the corporate body could result in industrial funding of further programs similar to AHDP. 5 references.

80-0191
Provider Role in Health Promotion.
Marine, W. M.
In: Proceedings of the Georgia Health Promotion Conference, January 12-13, 1977. Morris, J., ed. Atlanta, Georgia Department of Human Resources, Division of Physical Health, p. 17-26, 1978.

The problems of health manpower, specialty maldistribution, especially the huge deficit in primary care, and geographic maldistribution of all health professionals will continue to grow unless radical changes are made. Providers must facilitate the movement from the complaint-response system of today to a health maintenance-preventive approach. The Health Field Concept, originated in Canada, constitutes the vanguard of this holistic approach which elevates environment and lifestyle to a level of equality with human biology and health care organization. This view estimates the leading causes of death by the number of person-years lost, rather than by the number of deaths per 100,000. If this orientation were applied in America, funding priorities would fall into this order: motor vehicle accidents, coronary heart disease, all other accidents, respiratory disease and lung cancer, and suicide. Providers must help to avoid the polarization occurring between medical care and health care if these priorities are to be addressed. Other changes which must be brought about if holistic health is to be realized include: (1) alteration of medical school admission and curriculum policies to include humanistic values, (2) emphasis on preventive medicine in curricula, (3) further application of the health maintenance concept in the delivery of primary care, and (4) demonstration by health educational institutions of means of implementing community health promotion.

80-0192
Identification and Evaluation of Competencies of Public Health Nutritionists.
Sims, L. S.
American Journal of Public Health 69(11):1099-1105, November 1979.

The Delphi technique was used to elicit essential competencies expected of the entry-level public health nutritionist from members of graduate faculties programs in public health nutrition. Questionnaires composed of "competency statements" were constructed from these responses and sent to practitioners in public health nutrition. The questionnaire requested evaluation of the necessity of each competency. Responses served as the basis for factor analysis procedures, employed to obtain clusters of competency functions expected of the nutritionists. From

the 109 competency items originally identified, 17 competency scales were derived from the factor analysis. A ranking from both faculties and practitioners revealed that both groups highly rated competencies to communicate, to counsel and deal with clients-patients, and to interpret scientific data in lay language. Less important in the ranking were competencies which dealt with administrative abilities, program planning, legislative activism, and consumer advocacy. These findings have implications for the practitioner in public health nutrition as well as for academic groups who must plan and evaluate curricula in public health nutrition and in other fields of public health. 22 references.

80-0193
Cultural Diversity in Health and Illness.
Spector, R. E.
New York, Appleton-Century-Crofts, 324 p., 1979.

The introduction of cultural concepts into the education of health care professionals must begin if they are to become sensitized to the profound dimensions and complexities involved in caring for persons from diverse cultural backgrounds. As the consumer as passive patient is superseded by the consumer as participating client, a sound understanding of the consumer's values and perceptions regarding health and illness must influence the view of the health professional. The provider of health care has been socialized into a distinct culture, which instills norms regarding health and illness. When the provider interacts with a person from a culture with differing norms, there is often a conflict in their beliefs. In an attempt to deal with the issues that arise from this clash, four dimensions need exploration: (1) provider self-awareness; (2) consumer-oriented issues surrounding delivery and acceptance of health care; (3) broad issues such as poverty as a barrier and health care as a bridge and a right; and (4) examples of traditional health beliefs and practices among selected populations. Once health providers become aware of their personal cultural biases, acceptance and work with the cultural biases of others becomes easier. Numerous references.

REGULATION, LEGISLATION, AND ADMINISTRATION

80-0194
Elements for an Alcohol Control Policy.
Dekker, E.
International Journal of Health Education (Geneva) 22(1):14-24, 1979.

An alcohol control policy geared to healthy people in the Netherlands would bring into more precise focus available information about alcohol consumption. Developing effective prevention measures in the area of alcohol control should include: (1) theory formation and empirical research; (2) definition of objectives and development of policy instruments; (3) application of scientific information and policy to set up and implement programs; and (4) evaluation of programs and policy to give new impetus to theory formulation and research and to policy formulation and programs. Recently, empirical research in the area of alcoholism has increased due to the credibility gap arising out of selective attention to the use of illegal drugs and to concern over the harmful social effects of alcoholism. The cental premise of the new theoretical approach is that the major concern of an alcohol program is not alcoholism as a disease, but the number of road accidents, damaged relationships, working days lost, and physical illnesses caused by drinking. General policy objectives toward decreasing this trend include reduction in the average level of consumption, stabilization of the number of settings where drinking is acceptable, and provision of information and treatment for heavy and problem drinkers. Preparation for policy change requires research into both demand and supply sectors of alcohol health education experiments, and preventive administrative measures. Effective policy change must include: (1) coordinated measure at all levels; (2) major efforts by local and regional administrators, institutions, and associations; (3) national and international measures related to economic and fiscal factors; and (4) integration of information and education within a broad preventive policy. 30 references.

80-0195
Organizing for Health Education.
Gilbert, G. G.
Health Education 10(3):22-23, May-June 1979.

After the defeat of a bill to provide in-service training in health education for elementary schools in Oregon, a bill which had the unanimous support of the education committee as well as widespread support throughout the State, the Oregon Association for the Advancement of Health

Education created a legislative steering committee. The committee developed strategies for taking political action outside the legislature as well as tactics to be used within the legislature and other forums of direct political action. Though no candidate was endorsed in the race for state superintendent of public instruction, nominees were asked to speak on issues related to health education. Two standing subcommittees were established: one for establishing a communication network and the other to write or encourage legislation. Other States or communities wishing to follow the lead of Oregon should: (1) plan initial meetings with potential members, some definite goals, and a designated convener; (2) include a "get-aquainted" activity, a statement of rationale, a discussion of goals, and an election of a chairman; (3) establish operational procedures, goals, and subcommittees and review the political situation during early meetings; and (4) establish and support issues, monitor progress, communicate to interested parties, and evaluate and revise operations at subsequent meetings.

80-0196
National Policy in the Promotion of Health.
Green, L. W.
International Journal of Health Education (Geneva) 22(3):161-168, 1979.

Policy makers must recognize the limitations of governmental actions if actions are to be effective. To cope with the paradoxes of public policy, one needs a process of information dissemination and decision-making that allows relative risks, relative benefits, values, and time frames to be weighed by an educated public. Facts can be introduced into the information cycle during process evaluation, during impact evaluation, and in relation to long-term outcomes. Two overlapping decision cycles, one professional and the other public, allow people to participate in weighing facts and in assessing benefits, risks, values, and time frames in relation to perceived problems and recommended actions. The professional-organizational cycle includes policy which influences practices, which influences research and evaluation, which influences information and theory. The public cycle involves demands which result in policy initiatives through representatives. Then policy initiatives are influenced by facts from the professional domain. As the public comes to understand its role, it begins to make its demands felt by practitioners. Health education is any combination of learning experiences designed to facilitate voluntary adaptations of behavior conducive to health. The mass approach of government and the media make their involvement in health education programs problematic.

80-0197
Health and Health Insurance: The Public's View.
Health Insurance Inst., Washington, D.C.
Washington, D.C., the Institute, 46 p., 1979.

Conclusions derived from 2 years of survey research into public opinion on the health care system are presented. The public is by and large satisfied with the quality of care provided by the health care system, with the health insurance mechanism through which most people finance their health care, and with access to health care. However, a majority of Americans perceive serious problems in the system, especially in regard to the rising cost of health care. Government and the private sector are currently exploring ways to solve this problem, yet any measure that might increase costs for the consumer in the short run, such as greater use of deductibles and co-insurance, is not likely to win public approval. Similarly, public enthusiasm for a national health insurance program that would require a tax increase is limited. Findings suggest that a majority of the public endorses tougher bargaining by health insurance companies with doctors and hospitals on the grounds that more competitive behavior among institutions can lower health care costs. The public's sensitivity toward rising costs and tax increases will shape future discussions of the health care system. 7 references.

80-0198
Nutrition Education (Editorial).
Hollingsworth, D. F.
Journal of Human Nutrition (London) 32(3):209-211, 1978.

The British Nutrition Foundation has expressed the need for nutrition education in terms of: (1) obvious contemporary health problems caused by malnutrition; (2) the need for a sound diet in order to cope with increasingly rapid changes in the social order; and (3) the need to make informed decisions on governmental policy in this area. With respect to domestic policy decisions, domestic dietary habits carried over from the rationing period during World War II lag behind current concepts. Furthermore, the need to aid former British protectorates in their nutritional policies demands knowledge of the dietary needs of foreign countries. Though these issues are pressing, no agreed policy for nutritional education in Britain has been developed. A committee constituted so as to benefit from the experience of practicing dieticians, health education officers, teachers, and government officials must be organized to aid the Nutrition Foundation and the Health Education Council to find a point of reference to provide simple accurate information on nutrition. 8 references.

80-0199
Evaluation of HSA Health Education-Prevention Activities. Final Report.
Horizon Inst. for Advanced Design, Inc., Rockville, Md. Rockville, Md., the Institute, 132 p., September 1978.
Available from: NTIS; Order No. PB-295 808.

A study involving interviews with central office staff of the Health Service Administration (HSA) who are responsible for health education and preventive activities in major program areas provided an analysis and categorization of major HSA education-prevention components. Major program areas include the Emergency Medical Systems Program, Federal Employee Health, Federal Bureau of Prisons, Public Health Service Hospitals and Clinics, Health Maintenance Organizations, 314-d Program, Family Planning, Maternal and Child Health, Home Health, Community Health Centers, Migrant Health, Rural Health Service Program, and Indian Health Service. Though the HSA was found responsive to all legislative mandates, the legislative references were found to be quite general, not requiring many specific program activities. HSA activities focused on public information and promotion to inform client groups, system utilization of activities aimed at high-risk populations, motivational and educational programs linked to specific diseases, self-care programs, and screening programs. Study findings suggest that evaluation criteria should be more fully developed and distributed; national clearinghouses sponsored by HSA should be coordinated more fully; HSA information systems should be reviewed to assure inclusion of appropriate evaluation criteria; budget-accounting systems should be reviewed to provide for appropriate line items; a national training program should be initiated to continue staff education; each program should be reviewed to determine the adequacy of current guidelines; and the GSA Forward Plan should report HSA educational and prevention activities.

80-0200
The Need for Health Education: Priorities and Strategies.
Johnson, R. L.
Preventive Medicine 6(3):466-468, September 1977.

Because unrealistic expectations are being imposed upon health education, because education is a complicated, long-term undertaking, and because health education has much to contribute, long-range national strategies must be developed. The Bureau of Health Education, the National Center for Health Education, and the Office of Health Information and Health Promotion must develop joint plans of attack which embrace priorities, objectives, timeframes for accomplishment, costs, evaluation, collaboration, and specificity of implementation. Taking patient education as an example, a carefully planned strategy would involve: (1) discovery of the illnesses most conducive to patient education efforts; (2) investigation and evaluation of available teaching materials; (3) experimentation to discover optimal teaching settings and teachers; (4) survey of funding sources; and (5) design of evaluation components. The resulting national strategy would have to account for: (1) building on earlier patient education efforts; (2) stimulation of patient education in the training of professionals; (3) involvement of third-party payers to cope with financing; (4) development of patient education in subject matter not being addressed now; and (5) creation of teaching materials and other aids. Finally, the commitment of the professionals from all health spheres would have to be enlisted.

80-0201
IYC-A Challenge to Health Educators.
Kane, W.
Health Education 10(3):24-26, May-June 1979.

The representatives of the United Nations International Children's Emergency Fund (UNICEF) have suggested several activities that individuals and groups can undertake to heighten public awareness of the wide range of problems facing children. At the local level, individuals and groups can: (1) establish an information base on available programs and services; (2) establish an International Year of the Child (IYC) chair person's position; (3) organize workshops and seminars for teachers, parents, and other community members; (4) revitalize or organize children's programs in the community; (5) urge new legislation on children; and (6) publish and display creative works by children. At the national level interested parties can: (1) support private and government organizations concerned with the rights, health, and welfare of children; (2) support Federal legislation benefitting the child; and (3) encourage corporations to publicize IYC and become child-oriented. At the international level, interested parties can: (1) educate themselves on the needs of children; (2) encourage children to correspond with foreign pen pals; (3) support international organizations addressing the needs of children; (4) sponsor a UNICEF-assisted project; and (5) promote informational exchange and cooperation among organizations with child-oriented programs. Over 200 nongovernmental organizations are working with the U.S. National Commission to meet the challenges of the IYC. Resource agents are listed along with mailing addresses.

80-0202
The Responsibility of the Individual.
Knowles, J. H.
Daedalus 106:57-80, Winter 1977.

The individual must realize that a perpetuation of the present system of high-cost, after-the-fact medicine will result in even higher costs and greater frustrations. For personal prevention, the individual should follow Breslow's rules for healthy living: (1) three meals a day at regular times and no snacking; (2) breakfast every day; (3) moderate exercise two to three times each week; (4) adequate sleep; (5) no smoking; (6) maintenance of moderate weight; and (7) moderate consumption of alcohol. In terms of public policy, the individual should support: (1) increased funding for the integration of health education into the school system; (2) research in health education and preventive medicine with emphasis on epidemiologic studies, cost-benefit analysis, and effective and inoffensive means of influencing behavior; (3) increased taxes on the consumption of alcohol and cigarettes, restrictions on their advertising, and education on the hazards of smoking and drinking; (4) development of genetic counseling services, family planning services, and selective abortion; (5) the development of age-specific preventive measures; (6) conversion of disease insurance to health insurance to allow coverage of preventive medicine and health education; (7) emphasis on the family as the basic social unit; and (8) preventive medicine and health education programs aimed at the poor. Producing these changes in personal responsibility and public policy is a sense of parity between duty and responsibility on the one hand and right and freedom on the other. 10 references.

80-0203
Sen. McGovern on Dietary Goals: Without Nutrition Education, "Everything Else Is Lost."
Leeper, E. M.
BioScience 28(3):161-164, March 1978.

The Senate Select Committee on Nutrition and Human needs, which remained viable for 9 years, published "Dietary Goals for the United States," a comprehensive overview of the present state of the American diet and recommendations for changes to improve health and lower risks of disease. The widespread acceptance of the report demonstrates a broad desire for proper nutrition. Comments from industry, from medical personnel and from those who had appeared before the committee brought about some changes in the second edition of the report. The report listed four recommendations to Congress covering nutrition education, labeling requirements, research into new techniques in food processing and preparation for institutions, and research into human nutrition. An adequate labeling program with criteria that would make advertising more responsible would facilitate the nutrition education program. Provision for close coordination between the National Institutes of Health (NIH) and the United States Department of Agriculture (USDA) is required. The USDA could expand its scope to cover research on risk factors in the diet for aging and mental health. The $95 million program outlined for the USDA in the report's appendix would go a long way toward meeting such needs. These programs will be more attractive as more persons recognize the high cost of medical solutions. Finally, the Committee on Agriculture, Nutrition, and Forestry has taken its impetus from the work of the earlier committee and appears to be heading for a successful tenure.

80-0204
Theme 1: Public Policy.
Player, D.
International Journal of Health Education (Geneva) 22(3):170-173, 1979.

The public policy theme of the Tenth International Conference on Health Education comprises four sub-themes: government attitudes; training policy; support and evaluation; and policy and public involvement. Although health departments are the traditional focus of interest in health education, there is a growing significant recognition that there are implications for other government departments. The two main types of training in health education are training of full-time professionals in health education, and training in health education for health and other professionals. Conference participants distinguished four main types of health education research: basic research; pretesting research; action and intervention research; and evaluative research. Measurement of the effect of advertising on children was identified as an area badly in need of research. The advent of consumer and self-help groups mandates the involvement of the public in health education program planning, but popular expectations should not be raised too high in areas where health education is not a dominant factor.

80-0205
The Nonsmoking Movement: Implications for Voluntary Health Organizations and Health Professionals.
Shireley, L. A.
Health Education 10(4):23-25, July-August 1979.

Knowledge of the inimical effects of passive inhalation of cigarette smoke by nonsmokers and of the effect of smok-

ing by pregnant women on the unborn child has fomented a movement supporting the rights of nonsmokers. Activities supported by the movement have resulted in more than 30 states enacting legislation restricting smoking in public places. Other agencies and organizations have developed regulations or backed the movement. Health professionals can support this trend by not smoking themselves and by encouraging a "no smoking" rule at professional health meetings. Again, a study indicated that 70 percent of teenage girls and 73 percent of young women have yet to be cautioned by their personal doctor or clinic as to the effects of smoking on their health. It would seem that the physician could play an important role in curtailing smoking in women, especially those who are pregnant. Any "teachable" moment should be utilized. Voluntary health organizations have contributed to public awareness that passive inhalation constitutes a potential hazard through educational as well as legal means. However, the lack of coordination or cooperation with other agencies and between organizations has led to fragmentation. The campaign would be helped if these organizations were to help legislators on specific proposals, to develop multimedia approaches to complement current approaches, to follow up promotional campaigns to ensure their effectiveness, and to evaluate that effectiveness more closely. 26 references.

RESEARCH AND EVALUATION

80-0206
Health Professionals and Anti-Smoking Education.
Lancet (London) 2(8045):990-991, November 5, 1977.

A 1975 survey for the Department of Health and Social Security of Great Britain examined the smoking education attitudes of various health professionals, including hospital doctors, general practitioners, retail pharmacists, primary school teachers, secondary school teachers, community midwives and health visitors, and hospital nurses. The low incidence of smoking among these professionals (20 to 30 percent lower than that of the general population) attests to a belief among these highly visible providers that modeling proper health behavior is crucial. All groups believed that anti-smoking messages on television would have the greatest impact on smoking behavior, and government health warnings on cigarette packets the least. Most of those surveyed felt that anti-smoking education should concentrate on lung cancer first and then on bronchitis or heart disease. Midwives, health visitors, hospital nurses, and school teachers, however, suggested that attention should be directed to damage to the fetus.

80-0207
1979 Immunization Survey.
Bureau of Health Education (DHEW, CDC), Atlanta, Ga. Atlanta, Ga., the Bureau, 2 v. 416 p., August 1979.

Findings of a study conducted by the Opinion Research Corporation of immunization among adults and children in the continental United States are presented. Areas covered included immunization and vaccination histories of the public, related medical histories, intent to be immunized, and attitudes toward and knowledge about certain diseases. The U.S. sample was supplemented by statewide samples of the adult populations of Arkansas and California. Of those adults surveyed, 69 percent claimed to have been vaccinated against polio; 50 percent had had DTP shots; 25 percent had had rubella shots; and 17 percent had had mumps immunizations. Almost all children were reported to have had polio and DTP vaccines. Adults believe, to a great degree, in the protection rate of immunization for these diseases. Belief in high cure rates for flu, mumps, and measles is widespread among adults, but significantly fewer believe in the curability of polio, typhoid, rabies, and smallpox. Flu is considered the disease most likely to occur, followed by measles, mumps, and rubella. The 1979 Influenza Immunization Program reached only 33 percent of the targeted group of high-risk adults. Nevertheless, messages addressed to that population concerning their vulnerability to flu appear to be getting through. Most high-risk adults claim to have had the flu at some time in their lives. Adults recognize the vulnerability of a pregnant woman who has neither been immunized against rubella nor contracted the disease previously, and realize the threat of rubella to an unborn infant. Parents claimed to keep up-to-date immunization records on their children. Finally, data from California and Arkansas generally confirm these findings.

80-0208
Anti-Drug Abuse Commercials.
Feingold, P. C. and Knapp, M. L.
Journal of Communication 27(1):20-28, Winter 1977.

A study involving manipulation of certain persuasive variables in a field setting tested the effects of antidrug commercials on television and radio. Three variables appeared to be prevalent: (1) the threat of serious versus minimal harm; (2) explicit versus implicit conclusions; and (3) presentation as a monologue or a dialogue. Ten sophomore and junior high school students were exposed to a variety of such commercials or placed in a control group which saw or heard none of the commercials. Groups exposed to the commercials designed to engender or reinforce negative attitudes toward amphetamines and barbituates

significantly shifted in their attitudes from generally negative to significantly less negative. Since the shift did not occur until the second and third posttest, a study designed with only one posttest would not have been sensitive to the shift. The boomerang effect found in this study cannot be explained by dissonance theory or social judgment theory, since students already had negative attitudes toward the drugs. More adequate explanations include: (1) the lack of good arguments in a message delivered by a source of low credibility; (2) distance of message content from the receiver's position; (3) use of norm communications which do not mesh with the receiver's norm; (4) conclusions drawn by a low-credibility sender counter to the interests of receivers; (5) after influence by the sender, the receiver realizes his new attitude differs from group norms; and (6) inducement of aggression and unalleviated arousal in the receiver. 31 references.

80-0209
Suggested Evaluation Designs for School Health Education.
Fors, S. W. and Devereaux, M. J.
Health Education 10(4):26-29, July-August 1979.

A variety of evalution designs is available for determining the effectiveness of a school health education class or curriculum. Before a design is chosen, however, evaluators must realize that data indicating that a program is ineffectual might be the result of (1) an inadequate learning theory at the base of the program, (2) faulty teaching processes, or (3) a poor evaluation design. Any evaluation design must include population controls such as use of control groups, random sampling, and generalized sampling. Once these concepts are understood, the evaluator can choose an experimental design or a quasi-experimental design. The two types of experimental designs available are the pre- and posttest control group design and the posttest-only design. True experimental designs, which produce results least subject to rival interpretations of posttest differences, permit a good evaluation to be conducted with a minimum amount of time and resources. Scheduling limitations must be considered before deciding on a true experimental design. Ideally, students should not know that a study is underway. Multiple observations must be made to test for long-term retention of educational information, attitudes, and behavior. The two types of quasi-experimental designs are the nonequivalent control group design, which is identical to the pre- and posttest design except for the lack of randomization, and the institutional cycle design, which involves several cycles of randomization, followed by observation, intervention, and observation, respectively. Adherence to the basic principles of research design will assure the generation of data that correctly represent the effects of a school health education program. 13 references.

80-0210
How to Evaluate Health Promotion.
Green, L. W.
Hospitals 53(19):106-108, October 1, 1979.

The following hierarchy of evaluation designs for hospitals can help the evaluator attain a level of rigor that accommodates logistical and economic limitations while sacrificing as little validity as possible: (1) the historical, record-keeping approach involves a dummy graph that shows the inputs and outcomes and their expected relations, a record-keeping procedure to accumulate data, and a periodic charting of data to determine the direction and the magnitude of change; (2) the inventory approach requires periodic efforts to collect data, utilizing special surveys on carefully chosen target dates and sample populations rather than a continual accumulation of data through normal record-keeping systems; (3) the comparative approach involves identification of similar data or similar programs in other places, borrowing or copying records and making periodic comparisons on the same basis as the previous two approaches; (4) the controlled comparison or quasi-experimental approach involves identification of a control population similar to that within the program under evaluation; (5) the controlled experimental approach involves formal procedures of randomization, utilizing a control group and an experimental group; and (6) the full-blown evaluative research project involves the strategies from the controlled experimental approach as well as randomization of multiple groups in factorial designs and multiple measurements of intermediate variables, impact variables, and outcomes. The more rigorous the design, the more highly controlled the conditions under which it must be applied, and, therefore, the more unlikely it is to apply to normal circumstances. 50 references.

80-0211
Relationships Between Drug Attitude and Drug Use.
Halpin, G. and Whiddon, T.
Measurement and Evaluation in Guidance 10(1):55-57, April 1977.

The relationships between attitudes and use of alcohol, amphetamines, barbituates, heroin, LSD, marihuana, and tobacco as measured by the evaluative, potency, and activity dimensions of the semantic differential scale were investigated. Differences in the relationship between drug attitude and drug use of men and women in large, intermediate, and small schools were measured as well to determine if sex and school size function as moderator variables. Three hundred high school students completed a modified Oakland Drug Use Questionnaire. Pearson and

multiple correlation procedures were used to analyze the results. The analysis supports the conclusion that attitudes toward a drug are significantly related to use of that drug. In certain instances, sex and school size function as moderator variables, and generalizations about the relationships between drug use and attitude should take these variables into account. Many students are reticent about admitting that they take drugs, but not about their attitudes toward them. Since these attitudes are linked to drug consumption, surveys of attitudes offer an excellent indirect technique to evaluate the effectiveness of drug programs. 6 references.

80-0212
Channeling Health: A Review of the Evaluation of Televised Health Campaigns.
Lau, R.; Kane, R.; Ware, J.; Berry, S.; and Roy, D.
Santa Monica, Calif., Rand, 60 p., January 1979.
Available from: NTIS; Order No. PB-292 050.

Preliminary results of Rand research into the impact of televised health messages show that the literature to date has featured primarily correctional studies which permitted no causal conclusions. The few experimental studies available present a mixed picture. Numerous methodological problems beset any effort at assessment of effectiveness. Perhaps the greatest difficulty is operationalizing a design that permits true experimental manipulation on a relevant sample without contamination. Other methodological problems that currently hinder assessment of televised messages are related to the areas of breadth of stimulus, dose and duration of stimulus, pretest sensitization, measurement of dependent variables, and data-gathering techniques. Components of an ideal evaluation of a media health campaign are: (1) selecting a serious, prevalent problem that is conducive to effective remedial or preventive actions; (2) sticking to a single health topic; (3) making the program as intensive and extensive as possible; (4) ensuring that sampling procedures offer a representative sample; (5) creation of an experimental or quasi-experimental design; (6) use of a telephone survey with a mail followup for data gathering; and (7) use of self-reporting with direct observation of a subsample for validation of dependent variable measurements. 46 references.

80-0213
How do People Respond to Health Messages?
Sechrist, W.
Health Education 10(4):32-33, July-August 1979.

The relationship of locus of control to beliefs about coronary heart disease (CHD) was investigated to determine the effects of experimental messages upon CHD beliefs, and to assess the relationship of locus of control to self-reported behavioral intentions. A total of 104 college students completed the Rotter I-E Scale, and those exhibiting moderate-high internality and moderate-high externality were given a 32-item Likert scale questionnaire concerning beliefs associated with CHD. All groups heard a taped message on CHD, and three experimental groups also heard patient case histories with successful, unsuccessful, or inconclusive results. Results indicate no significant difference between externals and internals on the susceptibility, severity, and credibility subscales. However, internals did differ significantly from externals on the belief subscale assessing personal responsibility. No relationship was found between locus of control orientation and behavioral intentions. It appears that internals feel significantly more personal rsponsibility for protecting against or for attempting to reduce CHD. Therefore, it is not only the perceived efficacy of the recommended actions, but the degree to which a person feels personal responsibility to lower the threat of CHD, that determines whether or not recommended action will be taken. The lack of an apparent relationship between locus of control and behavioral intentions might be due to the preexisting healthy attitudes exhibited by the group. 2 references.

RISK REDUCTION

80-0214
The Canadian Forces Life Quality Improvement Programme.
Bardsley, J. E.
In: Prospective Medicine Opportunities in Aerospace Medicine. Triebwasser, J., ed. Neuilly Sur Seine, France, Advisory Group for Aerospace Research and Development (AGARD Conference Proceedings No. 231), p. A1-1-A1-6, September 1978.
Available from: NTIS; Order No. ADA-059 898.

The Canadian Forces has introduced a Life Quality Improvement Program to counteract the ravages of diseases which arise from risks prevalent in most Western lifestyles. These "diseases of choice" must be seen as self-imposed risks. The program will evolve, under the direction of a Planning Cell, in three phases: planning, trial, and general implementation. Central to the program will be an individual assessment composed of various biomeasure-

ments, a Health Hazard Appraisal, a health questionnaire, and an interview. In support of this central assessment will be an educational campaign and a variety of supportive clinics, available to the participant to assist in changing detrimental habits. These clinics, which will cover such areas as physical fitness, nutrition, alcohol and drug addiction, smoking, obesity, and mental health, will have educational and supportive elements and will use modern principles of behavior modification. Even if only 20 percent of the target population participates in this voluntary program, $5.0 million would be saved from the Canadian Forces budget each year.

80-0215
The Role of the Family and School.
Chenoweth, D. H.
Health Education 10(5):23-26, September-October 1979.

The potential for permanent high-level wellness behavior may lie in the ability of the parents to encourage lifetime application of this behavior, especially through personalized modeling. Many parents and teachers may unknowingly limit the child's potential for overall wellness by reinforcing particular behaviors for one specific function such as an athletic event. The emphasis has been on avoiding behaviors to prevent unhealthy symptoms, but not on allowing children to express their frustrations, energies, and creativity. Hence, schools and parents might benefit more from encouragement of activities that promote wellness than from programs aimed at prevention of activities that degrade health. Examples of promotional approaches include (1) participation in physical activities, (2) daily relaxation periods to relieve stress, and (3) eating an adequate amount of fruits and vegetables. Parents consistent in practicing wellness behavior and in rewarding it in their children usually will be successful in passing these patterns on to the children. During early childhood the opportunity for modeling arises when children first learn the consequences of their actions. In late childhood, the key issues are a positive self-concept, a view that wellness is important, and reinforcement from others. Parents must take part in the attempt to teach children health knowledge and skills, responsibility, and an appreciation for the holism of health. 23 references.

80-0216
Emerging Consciousness: Health, Wellness, and a Quality Lifestyle.
Crase, D.; Hamrick, M. H.; and Rosato, F. D.
Health Education 10(5):4-7, September-October 1979.

Several important issues are giving rise to an unprecedented consciousness of health, wellness, and a quality lifestyle. Adolescent health behavior studies indicate acute problems in the areas of teenage pregnancy and venereal disease, drug abuse, smoking, and alcoholism. Due to risk factors such as overweight and poor nutrition, the physical fitness of U.S. youth has declined. On the other hand, fitness fads among adults, especially in the areas of walking and jogging, allow favorable estimates to be made for the health of this group. Industrial fitness, another popular concept, can boast large financial support from such organizations as General Motors, Blue Cross, and the Travelers insurance companies. Premature deaths cost American industry more than $25 billion and 132 million workdays each year. The expected growth of the elderly population to a level of 31.8 million by the year 2,000 has spurred the President's Council on Physical Fitness and Sports, the National Association for Human Development, and several other agencies to increase budgetary allotments for preventive and rehabilitative programs for this group. Finally, holistic approaches toward the achievement of healthy lifestyles and the concept of preventive education have encouraged individuals to take charge of their health, and the government has eased this task through passage of the Health Maintenance Organization Act, Public Law 94-317, and the Public Health Service Act Amendments of 1978. 13 references.

80-0217
Multi-Media Education About Infant Nutrition for Physicians.
Filer, L. J. and Calesa, E. F.
Journal of the American Dietetic Association 72(4):404-406, April 1978.

A 2-year multi-media continuing medical education course in infant nutrition was initiated in March 1976. The first component consisted of a live 3-hour symposium telecast to 20 major cities in the U.S. and three cities in Canada. The telecast was followed by two 40-minute films edited from the live show to reinforce the information. Each film was accompanied by a monograph, essentially the text of the film, and illustrations of the lectures with supporting documentation. Program objectives were to identify relationships between infant nutrition and current feeding practices, to identify the clinical relationships between infant nutrition and infant health, and to clarify the relationship between infant nutrition and adult health. Course content consisted of physiology of infant nutrition; infant feeding practices; effects of feeding practices on normal growth, failure to thrive, and obesity; feeding low-birth-weight infants; nutritional aspects of minerals; sodium hypertension and eating patterns of infants; and the

pediatric approach in high-risk infants for primary prevention of atherosclerosis. Scores on a pretest were low and physicians seemed to be aware of their inadequacies. The course content, speaker choice, and audiovisual aids were regarded highly by the physicians, though the inclusion of a question-and-answer session during the telecast was less well received. Unfortunately, the high cost of the telecast prohibited an intermission. The course will provide the physician with 16 months of additional exposure to education about infants through films, monographs, and question-and-answer newsletters. Critical evaluation of the full impact of the course must await a posttest assessment. 3 references.

80-0218
A Prospective Medicine Approach to the Problem of Ischemic Vascular Disease in the USAF.
Lancaster, M. C.
In: Prospective Medicine Opportunities in Aerospace Medicine. Triebwasser, J., ed. Neuilly Sur Seine, France, Advisory Group for Aerospace Research and Development (AGARD Conference Proceedings No. 231), p. A5-1-A5-5, September 1978.
Available from: NTIS; Order No. ADA-059 898.

A program for ischemic vascular disease (IVD) risk factor identification and intervention is being developed for demonstration in the U.S. Air Force. Patients will enter the program via the routine periodic physical examination. Risk factor data to be collected will include age, sex, cigarette smoking history, alcohol consumption, exercise habits, individual history of cardiovascular disease, family history of cardiovascular disease, height, weight, systolic and diastolic blood pressure, electrocardiogram, serum cholesterol, serum triglycerides, and fasting blood sugar. The combined risk assessment, including stress assessment, will determine the individual risk modification program of each participant. By using a mathematical model constructed for Air Force populations, the effect of changes in risk factors achieved through intervention therapy should result in an 18 percent decrease in the incidence of ischemic vascular disease. Nurses will be program managers, though many disciplines will participate as ancillary personnel. The plan calls for a group approach, sophisticated briefing materials, a sophisticated operations research model, an information system integrated into the operations research model, and a core curriculum developed at a central location. The Advanced Development Program Office at the School of Aerospace Medicine will develop the plan components, to be tested at three Air Force bases for a 1-year trial period. 9 references.

80-0219
Accident Prevention and Health Education: Back to the Drawing Board?
Pless, I. B.
Pediatrics 62(3):431-435, September 1978.

Two issues central to pediatrics, accident prevention and health education, come together in studies of car seat restraints. The subject provides an endpoint that is observable and the behavioral change involved can be expected within a short interval. A review of past studies in this area demonstrates the usefulness of stressing the advantages of restraints, the child's position, and the child's age, and indicates the effectuality of face-to-face encounters with a physician rather than written communications. That 80 percent of parents surveyed were not offering restraint protection to their children seems to be related to the failure of pediatricians to exercise their influence as forcefully and persistently as they could. Many researchers have concluded that the problem of behavior change must be approached from a broader perspective, involving more authoritarian, directive efforts at enforcing speed limits or the use of air bags. For other problems, education through social groups, using reinforcement strategies, the mass media, or a variety of social and psychological techniques, has proven more effective. Overall, though physician education must continue and expand, uneven evidence as to its effectiveness calls for the development of a number of different approaches. 22 references.

80-0220
Youth Perspectives: Smoking and Health (Editorial).
Pool, J. L.
Chest 76(5):500, November 1979.

A Connecticut college, in association with 28 other concerned national organizations, held a conference in San Francisco on the subject of teenage smoking. The conference emphasized the fact that cigarette advertising, not peer pressure, is the principal factor encouraging young people to take up the habit. Reports of successful education in nine high school projects across the country, financed and supervised by the National Interagency Council on Smoking and Health, showed the value of peer counseling by teenagers, the positive image of nonsmoking school leaders, the objective demonstration of the body's physiologic response to smoking, and long-term integration of educational, remedial, and supportive measures aimed simultaneously at all body-abusing habits. The problem remains large with 54 million known smokers in the nation, of which 3.3 million fall between ages 12 and 18. Though the number of boys 17 and 18 years of age who smoke has decreased from 30.2 percent

to 19.3 percent, the percentage of girls who smoke remains high. Moreover, for unclear reasons, women seem to have more difficulty than men in fulfilling a decision to quit.

80-0221
The Queensland Melanoma Project--An Exercise in Health Education.
Smith, T.
British Medical Journal (London) 1(6158):253-254, January 27, 1979.

A sustained program of health education aimed at early detection of melanoma has doubled the 5-year survival rate of those stricken with the disease in Queensland, Australia, where the malady occurs more often than anywhere else in the world. All statistics indicate that melanoma is etiologically related to exposure to the sun. The Queensland Department of Health and the Anticancer Council of Queensland have developed a sustained campaign aimed at teaching the public about the early warning signals of melanoma. Children are taught about skin cancer at school, and the message is reinforced by leaflets in clinics, doctors' waiting rooms, libraries, and other public places. Broadcasting services and the press give regular coverage to the campaign. Doctors receive continuing education in the area of skin lesions and are warned to refer all suspicious lesions to specialists. Professionals associated with the effort believe that the success of melanoma treatment in Queensland can be attributed to the tradition of public and professional education concerning skin cancer. 4 references.

80-0222
Assessing Awareness of Coronary Disease Risk Factors in the Black Community.
Williams, P. B.
Urban Health 8(9):34-38, November 1979.

A study of 300 adult blacks in a southern community attempted to assess the level of awareness of coronary heart disease (CHD) risk factors among this ethnic group. Subjects were tested for their competencies in the recognition of CHD, the signs and symptoms of CHD, as well as their basic knowledge of those conditions and lifestyles that lead to CHD. The data obtained reveal a low level of awareness of CHD risk factors among the sample population, with a mean score of 12.7 out of a possible 33. Knowledge of CHD risk factors was greater for older participants; the mean score for women was higher than for men; level of education was directly proportional to the amount of knowledge concerning risk factors; and middle-income participants were more aware of the factors than either low- or high-income participants. Low mean scores for younger age groups, the low-income group, high school graduates, and high school dropouts probably stems from inadequate CHD prevention information packages and ineffective health education programs for the community. In contrast to these four groups, participants in the poverty and below-poverty groups exhibited greater awareness of risk factors, probably due to their greater utilization of public health clinics. These results call for an organized, intensive, and comprehensive health education program that will support training of ethnic allied health manpower and implementation of preventive health services. 11 references.

SCHOOL HEALTH EDUCATION

80-0223
Childhood Education and Cardiovascular Health.
Health Education (Ottawa) 18(3):9-10, October 1979.

A Canadian Heart Foundation report identifies the characteristics of the underlying milieu of the educational system and provides a possible basis for future development of the Foundation's activities in this area. In the area of research and evaluation, the majority of studies reviewed exhibited methodological weaknesses and poor applicability to other populations. Curriculum is an omnibus term used by educators to describe all of the factors having to do with the instruction-learning process of education, including programs of study, content and its sequencing, the theory underlying the program, the methods of teaching and learning, the kind and use of teaching aids, the size and characteristics of the learner group, the kinds of space and facilities provided, and the evaluation of learning and program outcomes. The three central elements of a health curriculum are theory, content, and a trained teaching staff. Theoretically, health and cardiovascular curricula are designed by age and grade levels, based on the erroneous assumption that all students have an approximately similar development speed. In the area of content, it seems that wide discrepancies exist between school boards, schools, and teachers in the same province concerning the subject matter of health education. Moreover, only 10 to 15 percent of the health curriculum is allocated to cardiovascular disease, cancer, and stroke, the leading killers in Canada. The state of teacher training is characterized by self-education activities, in-service training, training on health as a specialized subject takes place in Canada. 14 references.

80-0224
"Superkids" Help Bring Health Education to Schools.
Acee, C. B.
American Lung Association Bulletin 65(9):8-11, November 1979.

In Oneonta, New York, the lung association sparked a "Superkids Day" with sports and games to raise funds for the Primary Grades Health Curriculum Project. The Project employs a self-discovery, hands-on method, tested lesson plans, and intensive teacher training. In addition, the Project enhances skills in reading, writing, science, and the creative arts. Materials for the Project, including filmstrips, books, tapes, and models of the human body system, cost about $4,600 and teacher training in the curriculum costs $3,500. During Superkids Day 10 to 15 sports contests were held which were designed to enlist the support of parents, relatives, friends, and local merchants, who contributed money for each point scored by a child participant. The 13-member civic committee, which organized the event, enlisted the support of a local radio station, convinced the mayor to declare the date Superkids Day, and exposed elementary schools in the area to the idea. Delay in contacting some school principals probably caused attendance at the event and funds raised to be somewhat lower than expected. However, money raised by the event funded the teacher's training program for the curriculum. In fall of 1979, 22 teachers offered the Health Curriculum Project to the community's children.

80-0225
Testicular Self-Examination (TSE) ... A Curriculum for High Schools.
Breast-Testicular Self-Examination Curriculum Committee, Madison, Wis.
Madison, Wis., the Committee, 39 p., (197-).

The Breast-Testicular Self Examination Curriculum Committee, formed in March 1976, developed a testicular self-examination (TSE) curriculum which was tested in Dane County, Wisconsin, public schools. The curriculum allows the student to: (1) develop a basic understanding of the biological nature of cancer; (2) understand the various methods of testicular cancer detection, treatment, and rehabilitation; (3) understand the concept and technique of TSE as a monthly health care habit; and (4) feel comfortable about practicing TSE on himself. The program begins with a pretest to assess the student's knowledge of testicular cancer and attitudes toward preventive health care. Instructional components explain the rationale of the program, barriers to practicing TSE, consequences of delays in diagnosis, and self examination of the testes. The instructional phase also involves a discussion period, laboratory exercise, distribution of literature, and announcement of the posttest. The posttest assesses changes in behavior, barriers to practicing TSE, knowledge of testicular cancer, and reactions to the learning experience. The evaluation component allows comparison of pretest and posttest results as well as periodic followup assessments. Sources of additional information and a teaching guide are included.

80-0226
The Aerobics Program at Oral Roberts University.
Brynteson, P.
In: Implementation of Aerobic Programs; Presented at the National Conference on "Aerobic Exercise: Scientific Basis and Implementation of Programs" Held at Oral Roberts University, Tulsa, Okla., 1978. Washington, D.C., American Alliance for Health, Physical Education, and Recreation, p. 90-105, 1979.

The required physical education program at Oral Roberts University in Tulsa, Oklahoma, represents part of the institution's orientation towards the whole person, implements the medical health goals of the university, and follows the Biblical teaching that the body is the temple of God. These rationales led to the development of a health and physical fitness program by the Health, Physical Education, and Recreation Department, together with the Human Performance Laboratory and the Student Health Services. The Department provides the Aerobics Instructional and Activity Program; the Services medically clear all students and faculty for exercise and make modifications in requirements for persons needing adaptations; the Laboratory provides support services to the Department and the Services by administering ECGs, blood pressure tests, anthropometric tests, and blood analyses. All full-time students must pass a Department activity course every semester. Two health fitness courses are required which emphasize the concept of lifestyle, health, physical fitness, the cardiorespiratory system, nutrition and body composition, the musculoskeletal system, smoking, and certification in cardiopulmonary resuscitation. Students who complete both health fitness courses begin to take elective individual or team activities during the remainder of their attendance. When students compared their experience at Oral Roberts with those during high school, the university was favored in every category.

80-0227
School Health in America: A Survey of State School Health Programs.
Castile, A. S. and Jerrick, S. J.
2nd ed. Kent, Ohio, American School Health Association, 220 p., August 1979.

The American School Health Association initiated a survey to determine the status of State-level school health programs in 1978. Results from two sets of surveys, completed between April 1974 and the end of 1978, offer the first major review of school health programs in the United States in 10 years. All 50 States eventually responded; 22 States reported mandatory school nursing certification requirements; 9 States reported permissive requirements; 3 States reported they were developing certification requirements; and 13 States reported that no plans were underway to develop certification requirements. Only 32 States certify teachers of health in health education with 10 of these States offering dual certification in health and physical education. Four States and the District of Columbia offer only dual certification in health and physical education. Louisiana offers certification in health and safety education. The remaining 13 States have either no requirements or general teacher certification requirements for school health educators. Concerning school health education programs, 5 States require comprehensive curricula; 13 States have general laws requiring health education but no specific provisions; and 5 States have either no requirements or have no program. Instruction in venereal disease is required in 9 States. Many States require instruction in specific health content areas such as safety, nutrition, mental health, and consumer health. Standards for environmental quality of schools exist in 32 States, usually enforced by the State Department of Health. Standards ranged from minimal requirements for toilet facilities to specifically outlined standards for all phases of the school environment.

80-0228

The Role of the School in Health Promotion.

Chamberlain, N. H.

In: Proceedings of the Georgia Health Promotion Conference, January 12-13, 1977. Morris, J., ed. Atlanta, Georgia Department of Human Resources, Division of Physical Health, p. 27-31, 1978.

The importance of using children as conduits for health education teaching within families was illustrated by a 2-year health education and promotion program developed for an inner-city elementary school in Washington, D.C. During Parent Teachers Association meetings the project, its goal, and the followup were discussed. Parents were asked to encourage their children. The Urban Health Cadre had a three-member faculty-staff and had the following objectives: (1) teaching information on community health problems; (2) providing practice in communication skills as related to health programs; (3) investigating available community resources; (4) providing learning experiences requiring organizational skills; (5) using professional role models to provide information on health careers; and (6) providing community service utilizing the information acquired in the project. At the end of the first year, children in the health cadre gave physical examinations to preschoolers and talked with other pupils concerning health matters. Local health agencies were eager to instruct the cadre members in many health areas, and the program successfully eluded the typical lecture and film format. The second year ended with a conference incorporating the following health principles: (1) the relevance of health education; (2) the importance of feedback; (3) the importance of applying health knowledge; and (4) the need for reinforcement through public approval.

80-0229

Teaching Health-Related Fitness in the Secondary Schools.

Corbin, C. B.

In: Implementation of Aerobic Programs; Presented at the National Conference on "Aerobic Exercise: Scientific Basis and Implementation of Programs" Held at Oral Roberts University, Tulsa, Okla., 1978. Washington, D.C., American Alliance for Health, Physical Education, and Recreation, p. 78-83, 1979.

The health-related aspects of physical fitness, namely, cardiovascular fitness, strength, muscular endurance, flexibility, and body fatness, should receive explicit emphasis in any secondary school's physical education program. Students who possess knowledge related to these aspects of physical fitness are less likely to develop hypokinetic diseases. Regardless of the level of skill a person possesses, he can benefit from programs designed to promote these aspects. The following objectives might aid in the institution of a physical fitness program: physical fitness vocabulary, exercising, achieving fitness, patterns of regular exercise, evaluating physical fitness, and fitness and exercise problem solving. Concept approaches, which have proven successful at the university level, should be implemented more widely in secondary schools. Those schools which have taken such measures have departed from the typical physical education approach by including lectures, discussion periods, textbooks, student self-evaluation exercises, sample exercise programs, student experiments, grading based on learned concepts rather than fitness, development of lifetime fitness programs for each student, and a much broader range of topics. Approaches that have worked well in the secondary school setting are the unit or modular approach, the integrated approach, and the mini-lecture approach. These programs have demonstrated ease of accountability and have beneficially introduced coeducational classes into physical education.

80-0230
Education pour la Sante: Prevention du Tabagisme (Health Education: Smoking Prevention).
Ducommun, S. and Mounoud, R.-L.
Bulletin der Schweizerischen Akademie der Medizinischen Wissenschaften (Basel) 35(1-3):119-121, March 1979.
(French).

With the aim of primary prevention, the Health Service of Geneva in 1970 organized an informal campaign in the schools against the dangers of smoking. The objectives are to make the pupils aware of the dangers of smoking, to draw their attention to the lures of advertising, and to permit them to make a personal decision on the subject. The information is offered by primary and secondary school teachers, who receive the necessary audiovisual equipment from the Health Education Service. In the higher grades, this information is integrated in a regular health instruction program. In the future, all teachers will receive antismoking information from doctors. This form of objective, scientific instruction in schools should minimize the effects of publicity by making the students aware of the risks associated with smoking.

80-0231
Nutrition and School Health.
Egan, M. C.
Journal of School Health 49(9):516-518, November 1979.

Though adolescence is one of the healthiest stages in human growth, it is also a period of crucial growth and development which can be beset by numerous nutritional problems. The most common problems associated with adolescence are inadequate immunization, dental problems, low hemoglobin often indicating iron deficiency anemia, vision difficulties, upper respiratory problems, elevated blood levels, genitourinary infections, and hearing problems. Obesity for various groups ranges from 9 percent for black females to 16 to 29 percent for white males. The National School Health Conference viewed the ideal school health program as comprehensive, including health education and promotion of a healthful environment. This goal requires the involvement of the school staff, students, and the family. Problem areas requiring change were identified as: (1) communication gaps between health professionals and educators; (2) school health activities which have little relevance to students' health needs; and (3) lack of appreciation of the relationship between health and lifestyle. Recent changes noted by the conference included: (1) expansion of the role of the school nurse to school nurse practitioner; (2) mainstreaming of handicapped children often requiring modified diets and careful monitoring of their nutritional status; and (3) increased emphasis on self-care and personal responsibility for wellness and use of delivery systems. Suggested nutrition tasks for school health personnel are (1) assessment, management, and monitoring of nutritional status; (2) an epidemiologic search for causes of nutritional problems; (3) nutrition education; (4) counseling; and (5) advocacy. 12 references.

80-0232
Increasing Students' Knowledge of Cancer and Cardiovascular Prevention.
Eng, A.; Botvin, G. J.; Carter, B. J.; and Williams, C. L.
Journal of School Health 49(9):505-507, November 1979.

A 3-year program, designed to reduce students' risk of cancer and cardiovascular disease (CVD), attempted to determine the extent to which risk factor screening, either alone or in combination with a formal cancer-cardiovascular curriculum, is effective in increasing students' knowledge of CVD, cancer, and the risk factors associated with these diseases. The program involved 3,111 seventh and eighth-grade students in New York City. The multiplicity of learning experiences which constituted the curriculum concentrated on teaching terminology related to chronic disease prevention, identifying factors that influence risk-taking behaviors, and examining individual lifestyle patterns known to contribute to disease. A health questionnaire was developed by a panel of physicians and educators who identified 100 key concepts related to chronic disease prevention. Teachers were trained at a workshop led by physicians and nutritionists. Results of the program indicate that positive change among groups was greatest for those who participated in both the curriculum and the screening components. The largest portion of the screening was devoted to nutrition-related risk factors, with the result that the greatest relative increases in knowledge occurred in this area. Subsequent studies should investigate the effect of participation in a screening program on behavior vis-a-vis risk factors. 15 references.

80-0233
Stimulating Occupational Health and Safety Concerns.
Finn, P.
Health Education 10(3):8-9, May-June 1979.

Youngsters need to become familiar with issues related to illness and injury at the workplace because: (1) good attitudes toward health and safety are best established at an

early age; (2) secondary school children are a captive audience; and (3) youngsters should be able to explore the disease and accident record of various occupations before selecting a career. Instruction in job safety and health would focus on: (1) creating an awareness among students of the nature and magnitude of job-related hazards; (2) helping youngsters develop skills needed as employees to identify safety and health hazards on the job; (3) enabling youngsters to identify and evaluate the health and safety risks of occupations that interest them; and (4) promoting student attitudes which encourage protecting their health and safety at the workplace. By reading a number of vignettes related to occupational health and safety topics, the teacher will familiarize the students with pertinent issues. After the readings, students should explore their own attitudes and those of their peers, after which the teacher can demonstrate how their current health-related attitudes will contribute to the formation of attitudes related to occupational health and safety.

80-0234
Promoting Experiental Learning.
Hamrick, M. H. and Stone, C.
Health Education 10(4):38-41, July-August 1979.

Student involvement in health education experiences outside the classroom continues to be a pressing need in health education. A list of such experiential learning activities, developed for use in a personal health course, suggests ways to broaden student experiences and to facilitate awareness of attitudes, behaviors, and lifestyles that are difficult to accomplish in the classroom. The list should be duplicated and distributed to students so that the activities can be structured into course requirements. Some projects require several months, while others involve only several minutes of concentration. Students should be encouraged to select projects which offer opportunities to exercise specific talents in areas new to them.

80-0235
Adolescent Smoking: Onset and Prevention.
McAlister, A. L.; Perry, C.; and Maccoby, N.
Pediatrics 63(4):650-658, April 1979.

The problem of disease prevention is presented from the behavioral scientist's perspective, with particular emphasis on smoking and other behaviors detrimental to health. Progress in the prevention of health-impairing behaviors has been hindered by the lack of a well-established system of incentive and feedback and by the dependence upon the information and the rationality of the audience. One analysis of the basic process of learning, involving exposure to powerful models, offers a good theoretical framework for the adoption of cigarette smoking by adolescents through peer pressure. The psychological "inoculation" theory suggests that if one is exposed to a weak psychological analogue for a germ, one will resist infection by stronger psychological forces. A seven-session peer leadership curriculum designed for sixth- and seventh-grade pupils follows the lead of this strategy. The first three sessions aim at strengthening the students' committment not to become dependent, demonstrating social forces toward dependency, teaching verbal or cognitive responses appropriate to various pressures, and role playing to allow students to practice these responses. Subsequently, peer leaders from a nearby high school are trained to offer role models to the students during the last four sesions. Intensive interviews with students who participated in the curriculum indicate that such intervention may have influenced the entire social atmosphere regarding smoking. Similar curricula aimed at alcohol and drugs have produced positive results as well. Measurement problems associated with eliciting possibly self-incriminating information from adolescents can be solved through the use of physical or archival indices of behavior, anonymous self-reporting, a "random response" procedure, or a "bogus pipeline" approach. 67 references.

80-0236
Recent Development in Health Education in Schools in Northern Ireland.
McGuffin, S. J.
Ulster Medical Journal (Belfast) 47(1):88-94, 1978.

In 1975 the Northern Ireland Schools Curriculum Committee funded five questionnaire surveys to examine health education practices in primary and post-primary schools and health attitudes of teachers in post-primary schools, of pupils in their last year of compulsory schooling, and of parents. The surveys examining education practices produced several recommendations: (1) health education in its widest sense should be seen as an essential component of all education; (2) a designated member of the staff should be responsible for planning and coordinating the program; (3) special teacher training programs should be implemented to assure adequate competence; and (4) the use of a wide variety of visual aids should be continued. Teachers surveyed overwhelmingly approved of inclusion of health education in the curricula; the only topics that more than 25 percent of the 500 teachers surveyed disapproved of were mental health and contraception, topics about which the majority of the 733 students polled wished to learn. The survey of parents of 247 fifth form students indicated that they were reluctant

to discuss sexual topics, though 90 percent instructed their children in hygiene, road safety, and smoking, and 66 percent wished their children to receive instruction in sex education in school. The Health Education Project, set up in 1973, has developed teachers' guides and identified supporting material for health education purposes. The Health Education Council, which initiated the project as well as a curriculum development project, set up a curriculum in Strammillis College to rectify an apparent lack in health knowledge of matriculating students. An overview of the health education situation in Ireland suggests the need for a multidisciplinary, multiprofessional approach. 21 references.

80-0237
Nutrition Education, K - 6.
Montana State Office of Public Instruction, Helena. Division of School Food Services.
Helena, Mont., Office of Public Instruction (F4752-409-10-78 Rev.A), 64 p., 1978.

Guidelines for nutrition education for children in kindergarten through sixth grade were developed by staff members of the Department of Health and Environmental Sciences and the Office of Public Instruction. These two agencies will provide leadership to schools to assist in developing comprehensive nutrition education programs. Much of the guideline material was adapted from "Nutrition Education Guides," developed by the Nutrition Education Project and Model Neighborhood schools in Fargo, North Dakota. The guide lists suggested learning experiences which have been tested in Montana elementary and junior high schools. Main areas covered include kindergarten learning experiences, suppliers for kindergarten experiences, grades one through six learning experiences, and suppliers for grades one through six experiences. The classroom teacher is the logical person to direct the learning experiences. The basic layout of each of the main areas is: (1) a broad general concept; (2) specific behavioral objectives; (3) teaching aids that answer the behavioral objectives and supply the teacher with additional information; (4) learning experiences that are relative to each behavioral objective; and (5) possible subject areas in which the learning experiences can be included. A list of supplies that can be used; samples of worksheets, game explanations, sketches, and activity sheets; and addresses for sources of nutrition education items are included.

80-0238
Teaching Physical-Fitness Concepts in Public Schools.
Pate, R. R.
In: Implementation of Aerobic Programs; Presented at the National Conference on "Aerobic Exercise: Scientific Basis and Implementation of Programs" Held at Oral Roberts University, Tulsa, Okla., 1978. Washington, D.C., American Alliance for Health, Physical Education, and Recreation, pp. 65-69, 1979.

Due to disregard for the cognitive domain on the part of traditional physical education, students have graduated from the nation's public schools essentially uneducated concerning the concept of physical fitness. The resolution to this problem lies in the implementation of physical education curricula that recognize the cognitive domain as coequal with the affective and psychomotor components. An effective curriculum on physical fitness concepts should include: (1) definition of physical fitness components, health-related fitness components, and athletic components; (2) examination of cardiorespiratory endurance, including definition of terms, delineation of benefits of health maintenance in this area, physical evaluation of participants, and identification of methods of improvement; (3) study of body composition, including skinfold evaluation and discussion of obesity, caloric balance, weight-loss programs, and consumer topics; (4) discussion of factors related to body flexibility; and (5) discussion of the role of muscular strength and endurance in fitness and athletic ability.

80-0239
School Health Education in Conjunction With Medical Schools: A Model.
Roush, R. E.; Weinberg, A. D.; Spiker, C. A.; and White, R. C.
Phi Delta Kappan 60(4):300-301, December 1978.

Houston, Texas, area school districts have collaborated with a center at the Baylor College of Medicine to produce an effective curriculum focusing on cardiovascular disease. One of the goals of the educational division of Baylor's National Heart and Blood Vessel Research and Demonstration Center is to increase high school students' knowledge about and awareness of the generally accepted risk factors associated with cardiovascular disease. Collectively, the nine Houston-area school districts enroll 150,000 students in high schools. Each district has a coordinator to work with Baylor staff. These teachers comprise a Teacher Advisory Committee that works with the medical school, and together the committee and the school have produced the joint Cardiovascular Curriculum Education Project. Teachers advised on such aspects as reading level and appropriateness of content. Selected students, through a Student Advisory Committee, contributed to early drafts of the curriculum. This cooperative relationship permitted pilot- and field-testing of materials in the schools. Since the nine districts represent a broad spectrum of ethnicity, socioeconomic backgrounds, and

learning rates, field-tested materials should be replicable elsewhere. A programmed instruction method was chosen in which self-instructional materials form independent study units. Each unit contains a set of instructions, an overview of the unit, behaviorally stated objectives, a pretest, content information, checkpoints to provide feedback, and a posttest. The core curriculum has been field tested and will soon be ready for dissemination.

80-0240
A Description and Evaluation of TRENDS: A Substance Abuse Education Program for Sixth Graders.
Sadler, O. W. and Dillard, N. R.
Journal of Educational Research 71(3):171-175, January-February 1977.

In an evaluation of a substance abuse education program (TRENDS) for sixth-grade students, 25 classrooms of students were assigned to either the experimental education programs or the no-treatment situation. The experimental classrooms were objectively taught information on substance abuse by either their regular teachers or teams of two specially trained teenagers. Half of the instructors used a standard lecture method, while the other teachers and teenagers employed a specially designed values program which embedded the information within values clarification exercises. Both sixth graders and adults who worked with them strongly favored the use of teenagers over teachers. There was a modest preference for the values clarification methods. A knowledge test given before and after the program did not reveal any significant difference among instructors or methods; however, it did show a significant improvement for the experimental group over the no-treatment group. 16 references.

80-0241
Annotated Bibliography of Simulations and Games in Health Education.
Sleet, D. A. and Stadsklev, R.
Health Education Monographs 5(Suppl. 1):74-90, 1977.

An annotated bibliography describes 66 simulation games in health education under the headings of diseases, drug use and abuse, ecology, family planning and human sexuality, health care planning, mental health, nursing, nutrition, physical fitness, and safety. The games reviewed include the more useful ones from among a large number available. Few health education games are suitable for classroom use and few include social modeling through simulation. Games in drug education and mental health areas may contain distorted, out of date, or false information. Promising areas for development include aging, venereal disease, sexuality, consumer health, health careers, safety education, and health planning. 3 references.

80-0242
Nutrition Education in Wisconsin Public Schools.
Wisconsin State Dept. of Public Instruction, Madison. Wisconsin Food and Nutrition Services.
Madison, Wis., the Department, 64 p., 1978.
Available from: NTIS; Order No. PB-294 516.

The prevalence of school food service programs which ignore basic nutritional knowledge and the eating habits of involved students encouraged a study of nutrition education in Wisconsin public schools. Specific objectives of the study were: (1) to obtain basic data on the attitudes and practices related to nutrition education in schools as seen by school principals, teachers, and food service supervisors and cook managers; (2) to obtain current information about the food selection practices of Wisconsin students, from kindergarten through twelfth grade; (3) to improve the nutrition education provided students in primary and secondary schools; and (4) to influence the interest in nutrition education among all school populations positively. A stratified randomly selected sample of three public school populations, principals, teachers, and all cook managers and district supervisors was surveyed. Results indicate a strongly felt need for nutrition education. Principals thought the Wisconsin Department of Public Instruction should provide a nutrition education curriculum guide. Approximately two-thirds of the teachers indicated a willingness to improve their knowledge and teaching skills through in-service meetings, workshops, or college credit courses. Only one-third of the food service personnel perceived their role as resource persons for teachers. Many students' eating habits did not meet the daily nutritional requirements. High school students exhibited poorer eating habits than did elementary school children, and girls grades 10-12 had the poorest eating habits of both sexes and all age groups. Copies of the questionnaires are included. 32 references.

80-0243
Senator Hogwash.
Young, M.
Health Education 10(3):36, May-June 1979.

Simulation games in the classroom can be used to help clarify values or to introduce factual information. "Senator Hogwash" is such a game, designed to educate students on the hazards of smoking while revealing the economic, social, and political forces that make quick elimination of cigarette smoking unlikely. The mock senate committee

includes a well-intentioned senator from a tobacco-growing state, a doctor strongly against smoking, a tobacco company executive, a satisfied smoker, a tobacco farmer, a nonsmoker's rights advocate, and a public health educator. Students are assigned to play the various characters, discussing all aspects of the tobacco issue. Other students can be assigned to various advisory committees or can be members of the interested public who address questions to the committee. This game offers an alternative to the lecture mode, encouraging students to be active participants rather than simply passive learners.

80P-0244
Alcohol and Drug Education in West Africa.
Smyke, R. J.
World Confederation of Organizations of the Teaching Profession, 5, avenue du Moulin, 1110 Morges, Switzerland
Funding Source: Unesco, Paris (France).
Continuing.

The World Confederation of Organizations of the Teaching Profession's (WCOTP) alcohol and drug education program uses the influence of teachers in the classroom who are in touch with children and through them develops positive approaches to juvenile and adolescent problems of alcohol and drug use. WCOTP, a nongovernmental organization of five million teachers in 81 countries, works through its West African affiliates in implementing the program and cooperates as well with the All Africa Teachers' Organization (AATO). The "Study on Drug Problems and Drug Education in African Schools from the Point of View of Teachers and the Teaching Profession" includes surveys of the various drugs being used; the attitudes of parents, teachers, young people, churches, and governments; and current educational programs in six African countries.

80P-0245
CASPAR Alcohol Education Program.
CASPAR, Inc., 226 Highland Avenue, Somerville, MA 02143
Funding Source: National Inst. on Alcohol Abuse and Alcoholism (DHEW, ADAMHA), Rockville, Md.
1974 - Continuing.

Alcohol education can prepare children to make responsible decisions about alcohol use and nonuse; it can also identify and help youngsters who have problems with their own drinking or that of a close relative or friend. The Alcohol Education Program of CASPAR (Cambridge and Somerville Program for Alcoholism Rehabilitation), a private nonprofit comprehensive alcoholism agency, offers an alcohol-specific, action-oriented, sequential curriculum for the third through twelfth grades which can be adapted to a number of courses. "Decisions About Drinking" includes discussions of facts and attitudes about alcohol, reasons people drink, responsible decisions about drinking, and alcoholism as a family illness. A field test by trained teachers involving over 1600 students reveals that: (1) significant gains were made by students in knowledge and attitudes; (2) gains were dependent upon teachers following implementation guidelines; (3) gains were greater than those achieved in a control community using an alternate curriculum; (4) teaching the curriculum has led to a marked increase in the numbers of students seeking help for alcohol-related problems; and (5) teachers, administrators, and students have been enthusiastic in their feedback.

80P-0246
Napa Project.
Schaps, E.
Pacific Institute for Research and Evaluation, 39 Quail Ct., Suite 201, Walnut Creek, CA 94596
Funding Source: National Inst. on Drug Abuse (DHEW, ADAMHA), Rockville, Md.
August 1, 1978 - Continuing.

The Napa Project is a multifaceted drug abuse prevention program and includes an attempt to evaluate the program rigorously and carefully. The project serves students enrolled in the Napa Valley Unified School District in Napa, California. The ultimate goals of this effort are to reduce the incidence of drug abuse in Napa, and to provide accurate information regarding the program's effectiveness to policy makers and program developers in the prevention field. During the first 3 years of the project, services will be provided to students in the District's elementary and junior high schools. These services are part of a larger program spanning third through twelfth grade, which will be fully implemented as the project continues. Three kinds of services will be provided: (1) in-service teacher training courses; (2) a school-based drug education course for students; and (3) opportunities for elementary school students to teach their classmates in small groups and junior high students to provide important services to younger students, peers, and the general community. Evaluation of the substance abuse prevention strategies described above will be accomplished by two distinct research approaches. First, the immediate and delayed effects of six individual prevention strategies delivered to separate groups of youngsters at the appropriate age level will be assessed (called Short-Term studies). Second, the cumulative effects of two sequences of prevention strategies

delivered over 2 and 3 year periods to cohorts of elementary and junior high school students will be evaluated (called Cohort studies). In combination, the results of the Short-Term studies and the longitudinal Cohort studies should provide complementary bodies of information regarding the effectiveness of the prevention strategies.

80P-0247
National Preventive Dentistry Demonstration Program.
Bohannan, H. M.
American Fund for Dental Health, 3319 Tates Creek Pike, Lexington, KY 40502
Funding Source: Robert Wood Johnson Foundation, Princeton, N.J.
August 1976 - July 1982.

The National Preventive Dentistry Demonstration Program, created by the American Fund for Dental Health (AFDH) and funded by the Robert Wood Johnson foundation, provides data on the effectiveness of already validated preventive dentistry procedures. Additionally, the project is designed to show the costs involved in administering relatively inexpensive preventive regimens on a large scale, and whether or not savings can result from their use when compared with the costs of restorative or therapeutic dental services. The demonstration program is being conducted during a 44-month period and is implemented in two phases: (1) a developmental phase, when personnel were recruited and support was obtained from parents, teachers, and other important groups, and (2) the actual clinical phase now underway that includes collection of the baseline data, the application of the preventive program, and final data collection. The program involves some 25,000 elementary school children across the United States, who are being followed for a 3-year period. Five combinations of preventive dental procedures are being applied in classrooms by teachers, aides, and dental personnel. Procedures include the application of fluorides, plaque control techniques, application of sealants, diet regulation, and health education. Data is collected on children participating in the program in order to provide information on which combination of procedures is most effective in oral disease. During the life of the program, informational materials are being produced to explain the program and to report on its progress. These materials will include written reports issued by the American Fund for Dental Health, The Rand Corporation, and The Robert Wood Johnson Foundation. They will include data on the overall oral health of children living in the 10 communities evaluated, information on the project methods, equipment, and other factors. Ultimately, the project will produce a final report supported by data on the cost effectiveness of each of the various combinations of preventive procedures.

80P-0248
New Futures School.
Albuquerque Public Schools, 2120 Louisiana Blvd., N.E., Albuquerque, NM 87110
Funding Source: Albuquerque Public Schools, N. Mex.; New Futures, Inc., Albuquerque, N. Mex.
1970 - Continuing.

New Futures School, a comprehensive program for school-age parents in Albuquerque, New Mexico, offers a wide variety of services including continuing regular education, health counseling and social services, infant and day care, counseling for the father and extended family members, and community outreach. About 450 young mothers aged 13 to 19 are served in regular classes, and an additional 300 receive individual counseling. Over half of the clients are of Hispanic heritage and about 30 percent are Anglo. School districts, vocational education funds, Titles X and XX funds, and Department of Health, Education, and Welfare research grants provide most of the $346,000 annual budget. Family planning is a major component of the services, but the approach to family planning is not simply the provision of education or services, but rather a program which supports self-concept and understanding of relationships. Thus, in addition to basic factual information on reproductive anatomy, pregnancy, and birth control measures, the program covers responsibilities of being a parent, infant and child development, development of positive self-image, personal needs causing pregnancies, relationships with father and family, and women's roles today. In 1977, results of a longitudinal evaluation study indicated a repeat pregnancy rate of 2 percent after 6 months, 6 percent after one year, and 19 percent after 2 years. Many of the latter, however, were planned pregnancies. Outreach to the community is an important part of the New Futures Program. In 1978, nearly 100 community presentations directly reached about 2,800 teenagers. Presentations were made to groups such as Future Homemakers of America conferences, Planned Parenthood affiliates, church youth groups, and the March of Dimes.

SELF-CARE

80-0249
Self-Help in the Human Services.
Gartner, A. and Riessman, F.
San Francisco, Jossey-Bass, 210 p., 1977.

Self-help and mutual-aid programs in the human service fields, ranging from Alcoholics Anonymous and other groups modeled after it to consciousness-raising groups, youth groups, and the various health-oriented groups, are discussed. Consumer-based self-help programs in mental health, health, education, and social work represent new forms of practice that are productive, nonbureaucratic, and aprofessional. (Aprofessional in this context means based on experience, intuition, and common sense, rather than on systematic knowledge.) General topics include: (1) examination of the major developments and practical models; (2) delineation of a theoretical explanation for the mechanisms or processes that make self-help effective; (3) discussion of issues and future developments within self-help and caused by self-help and the relevance of these developments for low-income, underserved populations; and (4) consideration of various criticisms of self-help, such as the argument that self-help diverts energy away from the pressure for professional responsibility. Numerous references.

80-0250
Development of an Instrument to Measure Exercise of Self-Care Agency.
Kearney, B. Y. and Fleischer, B. J.
Research in Nursing and Health 2(1):25-34, March 1979.

A study was undertaken to develop an instrument to measure a person's exercise of self-care agency. Self-care agency is defined as the power of an individual to engage in estimative and production operations essential for self-care. Content validity was established through a rating of each item of the questionnaire by five nursing experts practicing under the self-care concept. The Adjective Check List and Rotter's Internal-External Locus of Control of Reinforcement Scale were used in establishing construct validity. Subjects consisted of 84 associate degree nursing students and 153 psychology students. Results show (1) a positive correlation of self-confidence, achievement, and intraception with exercise of self-care agency and (2) a negative correlation between abasement and exercise of self-care agency. The test-retest reliability was 0.77 for the nursing students; split-half reliabilities were 0.80 and 0.81, respectively, for the first and second testings of the nursing students, and 0.77 for the psychology students. 22 references.

80-0251
Self-Care: An International Perspective.
Levin, L. S.
In: Consumer Self-Care in Health. National Center for Health Services Research (DHEW, HRA), Hyattsville, Md. (NCHSR Research Proceedings). DHEW Publication No. (HRA) 77-3181, p. 13-18, 1977.

Two international meetings held in 1975 focused attention on the self-care movement and concept. The first, held in Switzerland in March, featured Ivan Illich's thesis on medicine as an institution of social control and a reexamination of the role of medicine within the framework of total social resource in health. The second, held in Copenhagen 5 months later, involved the role of the individual in primary health care. This meeting explored the lay resource in primary health care, attempted to clarify assumptions of role and function, drew attention to relevant issues surrounding the self-care movement, and identified areas of potential research. Discussions that evolved during the second meeting were divided into three categories: (1) an unsuccessful attempt to locate the driving forces behind the emergence of self-care as a concept and as a movement; (2) issues relating to self-care, including its present status and future potential; and (3) the lack of data on self-care suggesting research in the areas of historical-social studies, clinical implications, economic and administrative studies, and educational studies. Issues related to self-care fell into seven categories: philosophical-political; professional-lay relationships; economic-organizational-administrative; ethical; legal; quality assurance and cost-effectiveness; and policy and procedural problems. 6 references.

80-0252
Self-Care: Lay Initiatives in Health.
Levin, L. S.; Katz, A. H.; and Holst, E.
2nd ed. New York, Prodist, 146 p., 1979.

In August 1975, 29 scholars from four European countries, Israel, and the United States met in Copenhagen for the first international symposium to give exclusive attention to the role of individuals and families in the primary care process. The gathering of social scientists, physicians, health administrators, and educators attempted to: (1) explore the concept of the lay contribution in primary care; (2) clarify assumptions of role and function; (3) draw attention to relevant technical and social issues; and (4) identify priority research needs. The symposium was concentrated in three groups, each of which discussed one of the following subject areas: (1) economics, social planning, and administrative practice; (2) health and education practice; and (3) social and behavioral sciences. Theoretical excursions were foregone in favor of gaining an overall picture. The resulting inability to elaborate basic theoretical parameters, however, diminished some opportunities for consensus and occasionally obscured the basis of dissent. The symposium involved an overview of self-care and discussions of its function in primary care, some of the main issues that arise in considering its future development, and the challenges it poses in research. The new

public impetus in support of health care, especially the political and social implications of this movement, received particular emphasis. Numerous references.

SEX EDUCATION

80-0253
A Human Sexuality Program in a Residential Treatment Center.
Carrera, M. and Juliana, J. L. A.
Child Care Quarterly 6(3):222-230, Fall 1977.

A multidisciplinary approach was developed to deliver sex education to the residents of the Graham Home for Children, a residential center for orphans in Greenwich Village, New York. The training group consisted of four social service workers, three child care workers, and three teachers. The program has cognitive, affective, and skills components. Staff training groups conducted nine sessions in each of the home's cottages. Each of the first two sessions involved a film of adolescents talking about sexual topics and a discussion by cottage members. A suggestion box was set up to allow students to ask anonymous questions and each child received a personalized folder with sexual information and visual aids. Subsequent sessions involved discussion and the use of visual aids to cover the male and female reproductive system, birth control, and venereal disease. At the residents' request, the final session was a combined male-female meeting centering on relationships, feelings, the double standard, the pill, and pregnancy. Males were curious, questioning, and directive, while females were reticent and uncomfortable. Staff trainers seemed satisfied with the effectiveness of the program, and a biweekly review session with the outside consultant proved an invaluable adjunct to their efforts. A second staff training program has been organized with the goal that each cottage will have an ongoing program each year. 3 references.

80-0254
The Librarian's Role in Young Adult Sex Education.
Cunningham, J. and Hanckel, F.
Drexel Library Quarterly 14(1):53-64, January 1978.

Within the framework of traditional library services, the librarian can play an important role in educating adolescents about sexuality by incorporating a strong commitment to effective sex education into book selection, collection development, reader's advisory, referral services, library programming, and staff development. In the area of library programming, the controversy raised can be resolved by cosponsoring programs with such groups as Planned Parenthood or Family Services, or with professionals in the fields of social work, mental health, or medicine. Staff development programs can educate librarians on the need for a commitment to serve youth by providing traditional library services around sex-related topics. Equally important, however, is the need to explore means by which the library can support librarians should a controversy develop. In addition, librarians should encourage library associations to issue policy statements on providing information and developing programs on sexuality for youth. Several source materials with annotations are included. 5 references.

80-0255
The Myth of the Normal Outlet.
Gordon, S. and Scales, P.
Journal of Pediatric Psychology 2(3):101-103, 1977.

Past research on human sexuality has been too preoccupied with quantitative aspects and has thus been in danger of setting up "performance standards" for age of first intercourse, frequency of sexual contacts, number of partners, and other such superficial matters. Researchers and professionals in this field have a responsibility, through sex education, to bring research findings and their implications to the public, particularly young people. Sex education should not be narrow in its scope but should inform people of the wide range of normal sexual behavior, teach them about contraception and the prevention of venereal disease, and help them connect their understanding of sex with feelings and relationships with others. 11 references.

80-0256
Preparing Professionals for Family Life and Human Sexuality Education.
Hamermesh, F. W.
Lansing, Michigan Dept. of Public Health, Bureau of Peronal Health Services, 244 p., 1978.

A training package for teaching family life and sex education seeks to meet the needs of two groups of teachers, specialists and nonspecialists. The program reflects two basic premises: (1) human sexuality education requires the integration of biological facts, social concepts, and learning processes; and (2) curricula in family life and sex education must be relevant to the student's immediate and future needs. Each of the units in the manual presents a model in-service or pre-service classroom session which

may last from 90 minutes to 5 hours. The overall sequence presents a balance of content-oriented and methodological sessions, and cognitive and affective learning. After assessing the needs of trainees, instructors may select the units to emphasize and those to omit. All of the units overlap and emphasize common skills. Categories discussed include sexual growth and development throughout the life cycle, psychosexual development, values education, group process and other approaches, contraception, problem pregnancy counseling for teachers and counselors, sexual behavior and functioning, evaluation, use of available resources, parenting and partnering, venereal disease, curriculum development and community planning, and field experiences. Numerous references.

80-0257
Human Sexuality: Expanding Self-Awareness in a Leisure Setting.
Lebrun, S. and Hutchinson, P.
Journal of Leisurability (Ottawa) 4(2):6-8, April 1977.

An interview with the director of Camp Kohai, Ontario, Canada, a summer camp which integrates living and learning for persons of all ages who have learning and emotional disabilities, offers insights into the camp's approach regarding human sexuality. Initially, one must remember that in order to enhance total personal development sexuality cannot be neglected. The leisure setting of the camp allows educational, tactile, and social experiences, which facilitate campers' body awareness and feelings. After campers become comfortable touching their own bodies, they are involved in games in which they gently touch others. Those who ask are offered specific information on sexuality, and attempts are made to relate this information to camp experiences. Staff training in sex education includes self-awareness sessions, yoga, and movement exercises. Overall, a holistic approach has come to replace the typical biological and factual instruction techniques of the past. Though some parents have expressed anxiety over relating facts concerning human sexuality to residents, most like the self-awareness approach.

80-0258
Creative Approach to Sex Education and Counseling.
Schiller, P.
2nd ed. New York, Association Press, 256 p., 1977.

Sex education is essentially a part of education for human relations, and to be effective requires a group-centered approach in which the teacher acts as catalyst. This interdisciplinary approach has been used extensively in the training of professionals working in sex education and counseling since 1967. The professionals and parents are trained in content, attitude, and skills. The approach has been publicized and demonstrated with the sponsorship of several professional organizations. The method combines, at various educational levels, knowledge about human sexuality, attitudes, and skills in education and counseling. Areas covered in sequence include the history of sex education and counseling, a synchronic view of sex education and counseling, adolescent pregnancy and parenthood, development of communication skills, teaching techniques, settings conducive to teaching and counseling, model training programs, sex education curricula, and contemporary sex therapies. Numerous references.

80-0259
Venereal Disease: Teacher's Curriculum and Resource Guide.
Texas Dept. of Health Resources, Austin and Venereal Disease Action Council of Texas, Inc., Austin.
Austin, the Department, 194 p., 1977.

A curriculum and resource guide aimed at the prevention of venereal disease (VD) are offered which include teaching concepts, learning objectives, a content outline, learning activities, evaluation instruments, and resource materials. Resource materials encompass medical aspects, public health control aspects, a glossary, a history of VD, teaching charts, and statistics. Materials in the guide are flexible, merely providing workable suggestions for VD education in any school district. No attempt has been made to develop a total unit or lesson plan for each grade. Though VD education should be introduced into the school curriculum no later than the seventh grade, some communities will find it necessary to include a basic VD unit as early as the fifth grade. The learning activities offered suggest many varied and exciting opportunities for students to interact and learn from each other. No attempt has been made to offer guidelines as to the time during student development the activities, concepts, or learning objectives should be implemented; this decision is left to the teacher. Teachers should gain an understanding of the operations of their local public health departments and VD control programs so that students at risk can be referred. The statistics, which should be updated annually, offer a vital resource for educating parents about the necessity of the program.

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